HIV Counseling and Testing Update, 2013

Rick Scott
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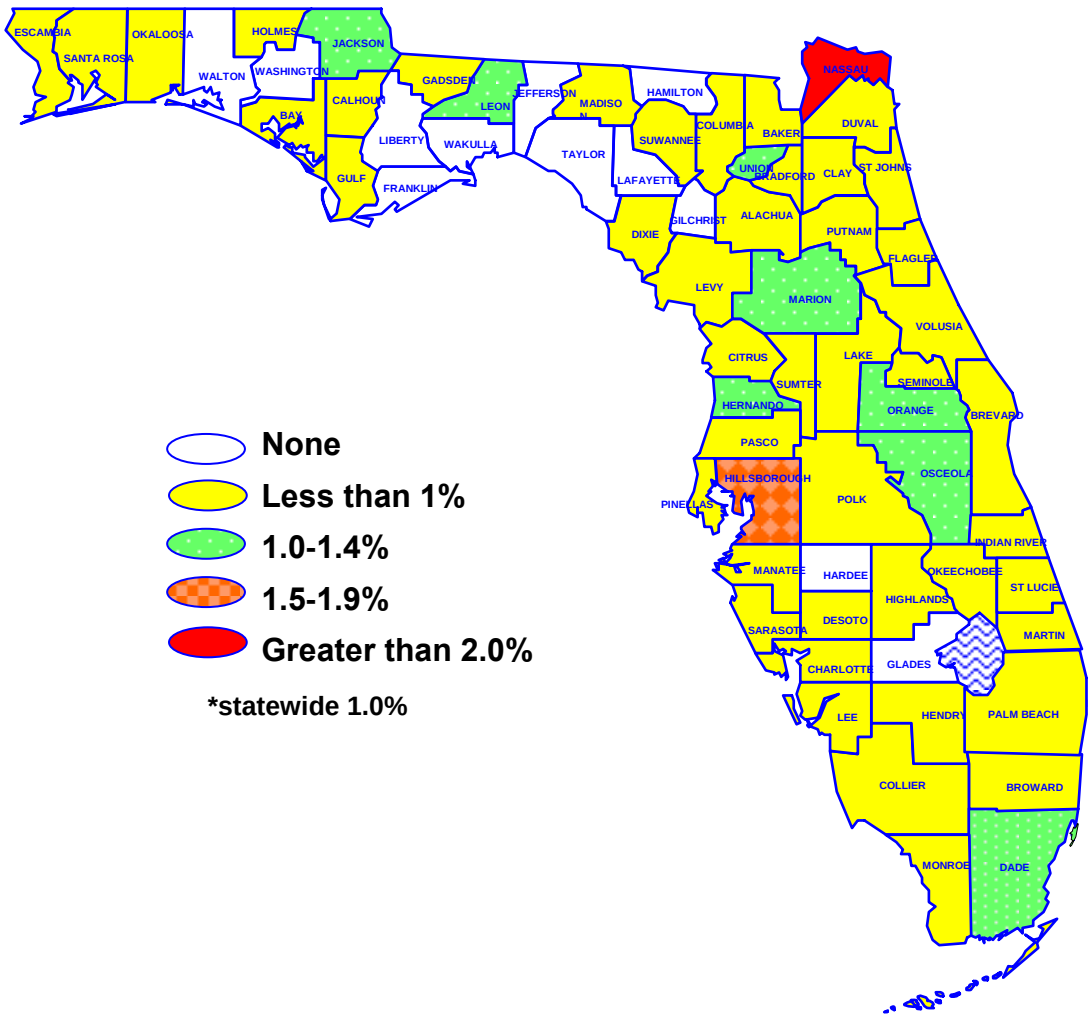
HIV Positivity Rates by County, 2013*



Data also available in table form (See Appendix Table 1)

Executive Summary

In 2013, 428,293 HIV tests were conducted at Florida's registered testing sites, representing a 5.0 percent increase (20,174 tests) from the previous year. This is the highest yearly total in the almost 30 years of Florida's HIV testing program, and the fourth consecutive year that the number of HIV tests performed in Florida exceeded 400,000. Increases in testing were recorded among all racial/ethnic groups.

In April 2012, the Department of Health (DOH) implemented a testing algorithm which includes the fourth-generation antigen/antibody combination test. In 2013, the laboratories in Jacksonville and Miami conducted 120,458 blood tests using fourth-generation technology and identified 2,210 positives, including 14 with acute infection.

The Expanded Testing Initiative (ETI) continued in 2013, focusing on all minorities and men who have sex with men (MSM) of all races. As with previous years, persons who reported heterosexual sex as their highest risk represented the majority of HIV tests. For the fourth straight year, rapid testing accounted for the largest number of tests with 65.7 percent, followed by blood at 24.8 percent and OraSure at 6.4 percent.

The number of positive tests in 2013 increased by 3.3 percent (133) from 2012, and the overall positivity rate remained at 1.0 percent. MSM account for 48.5 percent of all positive tests reported in 2013, yielding a positivity rate of 4.3 percent. Although heterosexuals represent 57.9 percent of all testing and 20.1 percent of positive results, the positivity rate for this risk group is only 0.4 percent.

In general, males, blacks and older age groups have higher positivity rates. However, interesting trends emerge when looking at specific combinations of gender, race/ethnicity, age group and risk factors. For example, young black MSM from age 13 to 29 have a positivity rate of 7.1 percent, while i, 3.8 percent of Hispanic MSM and 2.2 percent of white MSM in the same age range tested HIV positive.

The information contained in this report will help better inform policy and program initiatives. High-Impact Prevention (HIP) efforts need to continue.

Historical Overview

Since 1985, when DOH began collecting data on HIV testing at registered testing sites across the state, nearly 8 million anonymous and confidential tests have been conducted. As a result of funding cuts in 2012, some testing sites were closed; however, with the advent of HIP, testing numbers have improved. There are over 1,600 public and private sites registered with the DOH to provide HIV counseling, testing and linkage services. Social and demographic data including risk behaviors are collected at these sites and compiled along with test results by the Prevention Program of the HIV/AIDS Section in Tallahassee. While this database is currently not unduplicated, and as such cannot be used to provide data on the number of individuals tested, it does constitute a record of the number of tests conducted. It is a crucial indicator about the nature and direction of the epidemic, and is used to inform and evaluate HIV prevention activities and policy making at the state and local level.

Figures 1a and 1b show testing trends in Florida between 1990 and 2013. **Figure 1a** illustrates all HIV tests (regardless of test type or result) and positivity rates. **Figure 1b** illustrates HIV tests with a positive result and positivity rates. Testing levels increased rapidly through the early 1990s and remained fairly steady during the mid-1990s and early to mid-2000s, with a marked increase since 2006. In 2013, there were 428,293 HIV tests conducted at publicly funded facilities in Florida. Of these tests, 4,200 had a positive result. Compared to 10 years ago (2004), the number of HIV tests is up by 132,691 tests (45.0 percent). In contrast, positivity rates remained fairly stable between 1996 and 2003, but have generally declined since. For both 2010 and 2011, the positivity rate was 1.1 percent, or about 11 positive results for every 1,000 tests performed. For 2013, the positivity rate remained at 1.0 percent, the same level as 2012, or about 10 positive results for every 1,000 tests performed.

Figure 1a. HIV Tests Conducted in Florida and Seropositivity Rates, 1990-2013

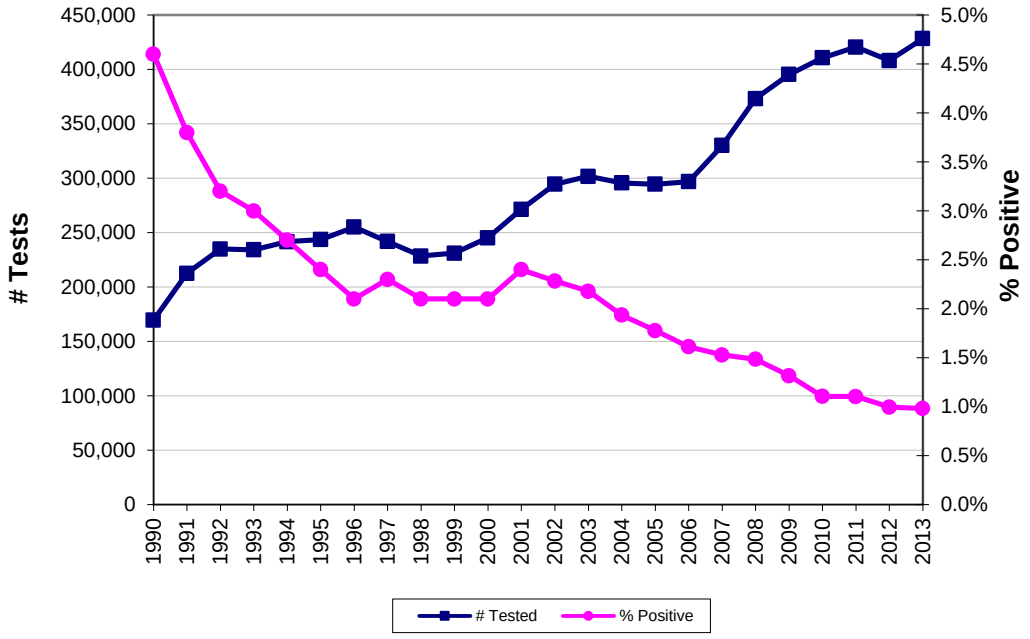


Figure 1b. HIV-Positive Tests in Florida and Seropositivity Rates, 1991-2013

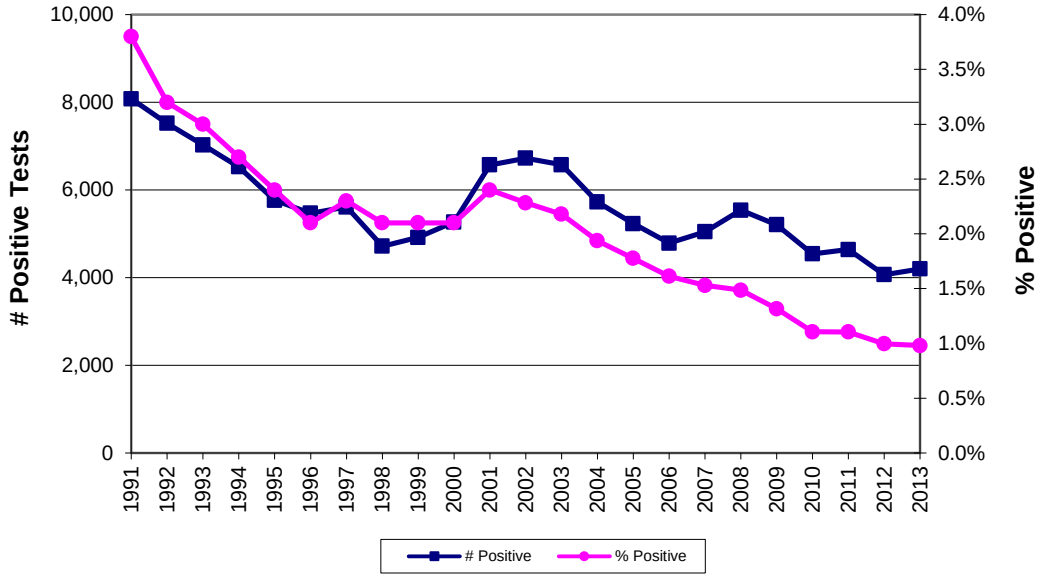


Figure 2 compares testing levels at both anonymous sites and confidential sites by calendar quarter between 2003 and 2013. Some observable patterns may be seasonal (more people are tested for HIV in the spring) or related to specific events. Historically, sharp increases in testing numbers have been recorded in the weeks around National HIV Testing Day (NHTD), which occurs annually on June 27. However, the noticeable upward spike in testing volume for 2013 came in the third quarter, immediately following NHTD.

Anonymous testing has steadily declined over the past 10 years, accounting for only 0.2 percent of all tests conducted in 2013, compared to 10.2 percent in 2003. In contrast, confidential testing has increased over the years.

Figure 2. Number of HIV Tests Completed at Anonymous and Confidential Sites in Florida, January 2003-December 2013

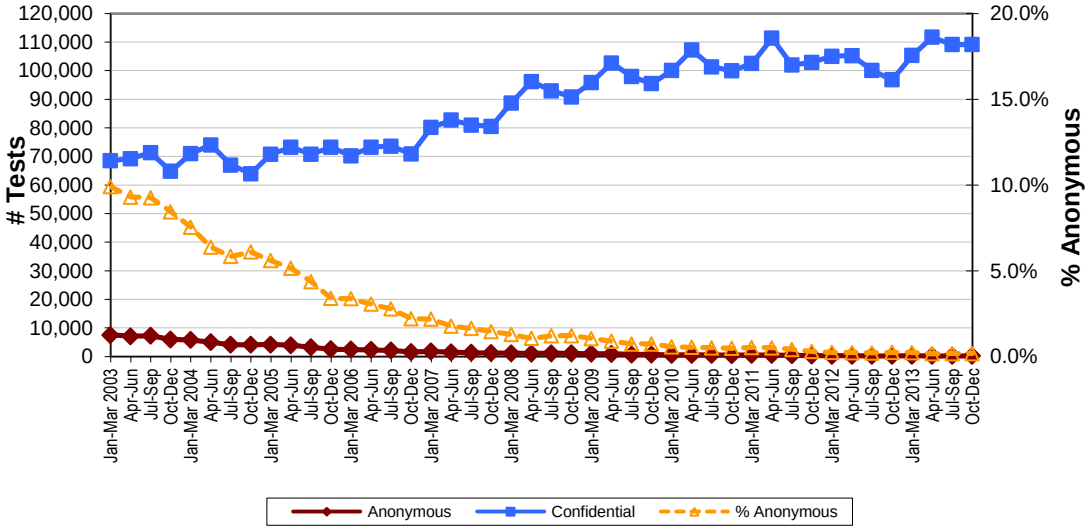


Figure 3a displays a 10-year trend in anonymous and confidential testing within two high-risk groups: MSM[1] and injection drug users (IDU). Overall, anonymous testing is decreasing to a very small amount while confidential testing is increasing steadily. The MSM risk group has seen the biggest change. From 2003 to 2013, confidential testing for MSM increased 219.3 percent (28,283 tests) while anonymous testing for MSM decreased 98.6 percent (6,502 tests). For the IDU risk group, confidential testing increased 79.3 percent (9,629 tests), while anonymous testing decreased 98.4 percent (737 tests).

Figure 3a. Number of HIV Tests Completed at Anonymous and Confidential Sites, MSM and IDU Risk Groups, 2002-2013

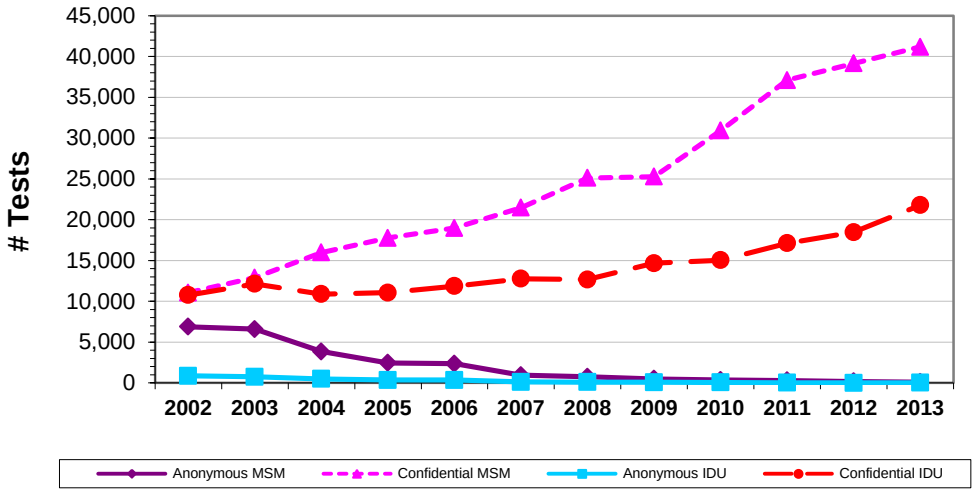
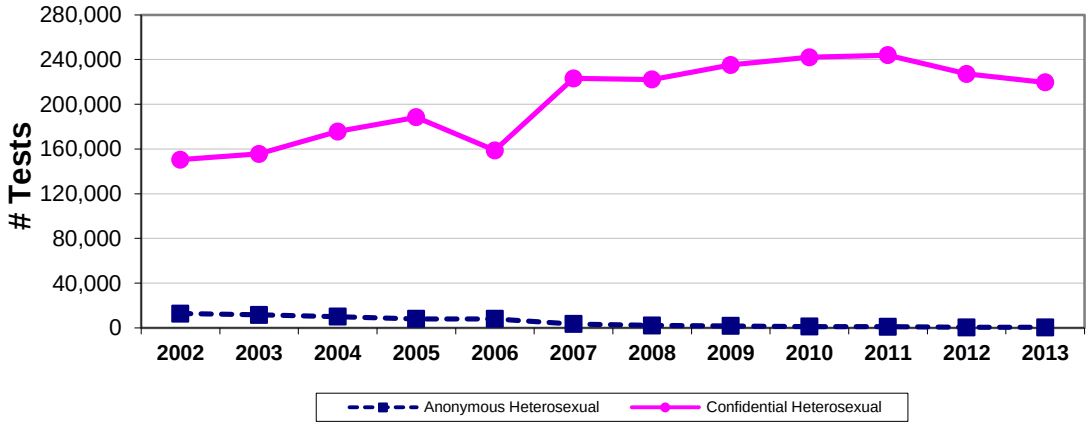


Figure 3b shows anonymous testing and confidential testing trends among those who identified heterosexual sex as their highest risk factor. From 2003 to 2013, the number of confidential tests among heterosexuals has increased 41.1 percent (63,991 tests) while the number of anonymous tests decreased 96.2 percent (11,157 tests). This high-volume, typically low-risk group accounts for a very large proportion of all HIV tests.

Figure 3b. Number of HIV Tests Completed at Anonymous and Confidential Sites, Heterosexual Risk Group, 2002-2013

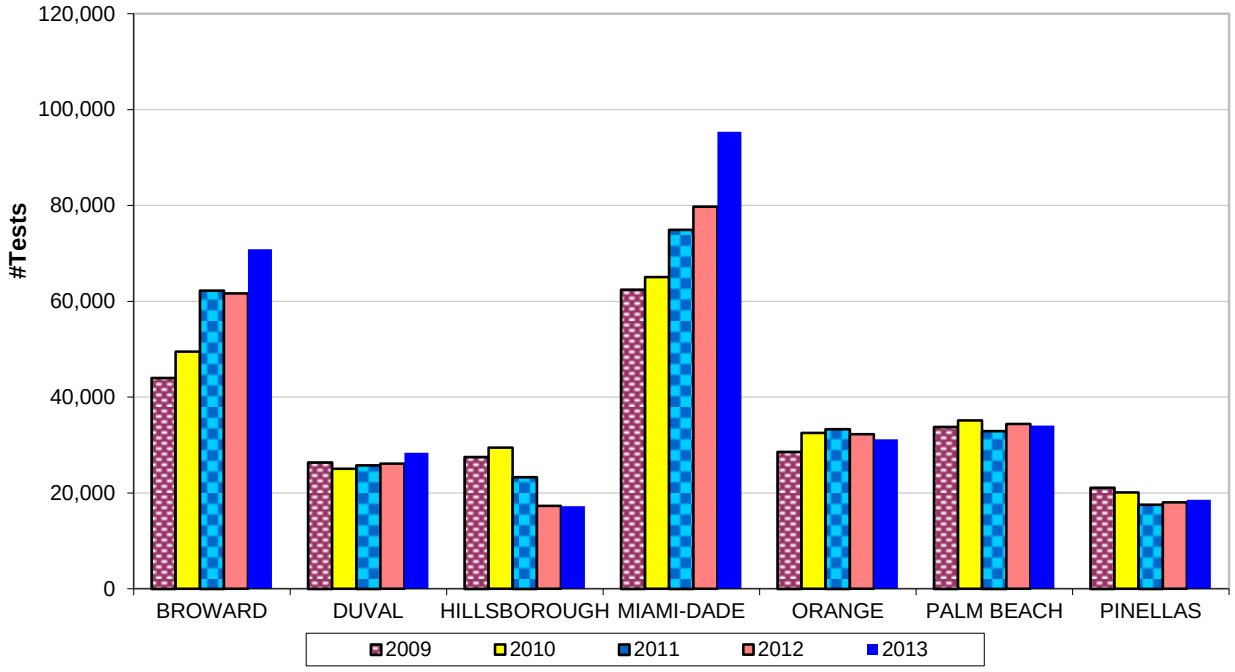


Testing volumes during the past five years for the top seven counties in Florida are shown in **Figure 4**. These seven counties are Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach and

[1]The MSM category here includes MSM who are also injection drug users (MSM + MSM/IDU). The IDU category here includes non-MSM injection drug users.

Pinellas. Together, these counties accounted for 69.0 percent of all HIV tests conducted in Florida for 2013. Overall, the amount of testing in these seven counties increased by 24.4 percent (72,040) between 2008 and 2013. Four of these counties had an increase in testing between 2012 and 2013 (Duval, Miami-Dade, Broward and Pinellas). Miami-Dade County had the largest increase at 19.5 percent, from 79,761 tests in 2012 to 95,340 tests in 2013. Broward County had an increase of 15 percent, increasing from 61,648 tests in 2012 to 70,870 tests in 2013. Both of these counties received additional funding in the latest cooperative agreement with Centers for Disease Control and Prevention (CDC) under HIP. Surprisingly, Duval County increased testing numbers by 8.8 percent during the same timeframe with no additional funding. Hillsborough, Orange and Palm Beach all had slight decreases in testing numbers from 2012 to 2013.

Figure 4. HIV Testing Levels Among Florida Counties that Perform More than 10,000 HIV Tests per Year, 2009-2013



About 84.0 percent of the 130,000 (estimated) persons living with HIV in Florida know they are infected. Since 1999, DOH has focused on increasing the proportion of people who know their HIV status. In the last 10 years, a variety of strategies have been pursued, including: the use of OraSure and rapid testing in outreach settings; testing in clinical settings such as emergency departments; improved risk assessment and targeted testing; increased testing in correctional settings; increased emphasis on partner services; expansion of non-traditional, community-based testing programs; increased use of mobile vans; directly-funded CDC testing programs; a social marketing campaign encouraging persons at risk for HIV to be tested; expanded testing and outreach focusing on minority populations; and expanded testing and outreach focusing on MSM. Undoubtedly, these strategies have played a role in the 57.7 percent increase in overall testing between 2004 and 2013.

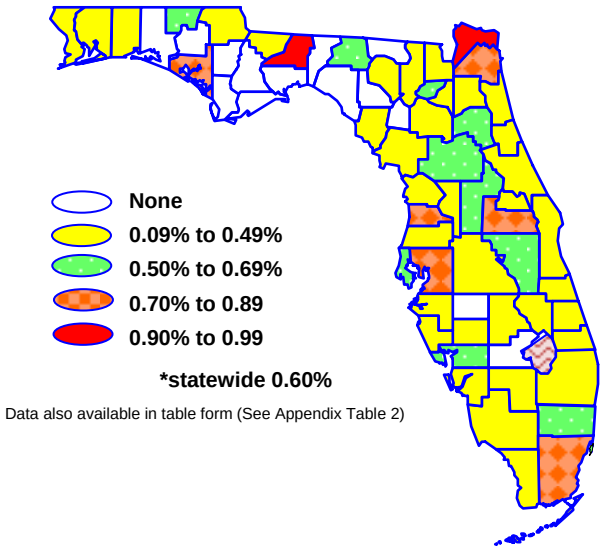
HIV Counseling and Testing in 2013

In 2013, 428,293 HIV tests were performed at registered HIV testing sites in Florida. Of these, 4,200 were positive, resulting in an overall positivity rate of 1.0 percent. Positivity rates for individual counties are shown on the first page of this document**.** (Data are also available in table form in

Appendix Table 1.) Nassau County recorded the highest positivity rate (7.2 percent). Overall, 9 counties reported positivity rates higher than the state average of 1.0 percent for 2013; Nassau, Union, Hillsborough, Jackson, Miami-Dade, Hernando, Orange, Osceola and Leon. Twelve counties reported no positive HIV tests in 2013; Franklin, Gilchrist, Glades, Hamilton, Hardee, Jefferson, Lafayette, Liberty, Taylor, Wakulla, Walton and Washington.

Another perspective on these data by county is shown in **Figure 5** (data are also available in table form in Appendix Table 2), the map of seropositivity rates for new positives; that is, clients who say they have not tested positive in the past. While the percentages are lower, using the same color scheme as the cover map allows us to look at positivity rates based on the number of new positives identified in each county. As shown, many of the new positive rates are higher than the statewide rate for new positives of 0.6 percent.

Figure 5. HIV Seropositivity Rates for Newly Identified Positives, Florida, 2013*



As always, these data should be viewed critically. While low positivity rates may be an accurate representation of HIV prevalence in a given area, they may also indicate that high-risk populations are not being reached. Conversely, high positivity rates could indicate access by high-risk populations, or they may be a result of operational factors, such as a standard recommendation that all clients receiving a positive result seek a retest. Looking at new positives is a valuable tool in assessing HIP in Florida. New positives indicate that testing resources are being allocated in high-risk populations, unaware of their HIV status. Additional counseling and testing data for individual counties are available from the Prevention Program or at www.floridaaids.org.

Race/Ethnicity

There are important racial/ethnic variations in HIV testing. **Figure 6a** shows that in 2013, blacks accounted for the greatest proportion of all tests (44.8 percent, 191,959). Hispanics accounted for 25.0 percent (107,059) and whites accounted for 26.2 percent (112,018) of persons tested. Blacks accounted for slightly more than one-half (52.1 percent, 2,189) of all the positives (**Figure 6b**), with a positivity rate of 1.1 percent. Hispanics accounted for 25.2 percent (1,057) of all positive tests with a positivity rate of 1.0 percent. Whites accounted for another 19.3 percent (812) of all positive tests with

a positivity rate of 0.7 percent. Testing among American Indians, Asians and other racial/ethnic groups was minimal; when combined, they account for 4.0 percent of all tests and 3.4 percent of positives.

Figure 6a. Total HIV Tests by Race/Ethnicity, Florida, 2013 (N=428,293)

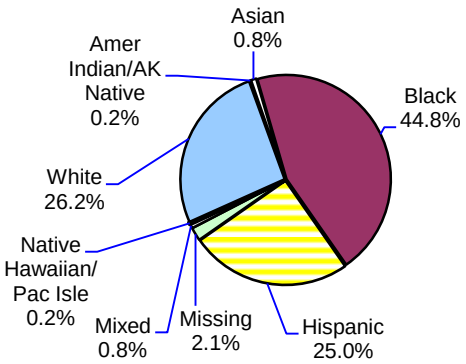


Figure 6b. HIV-Positive Tests by Race/Ethnicity, Florida, 2012 (N=4,200)

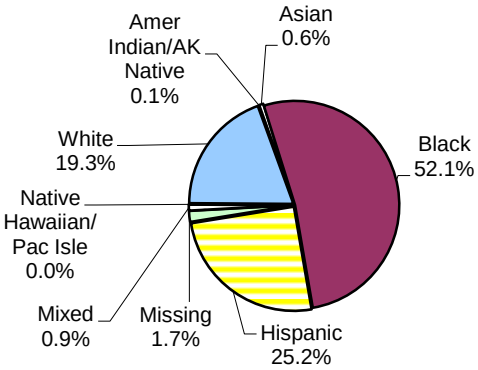
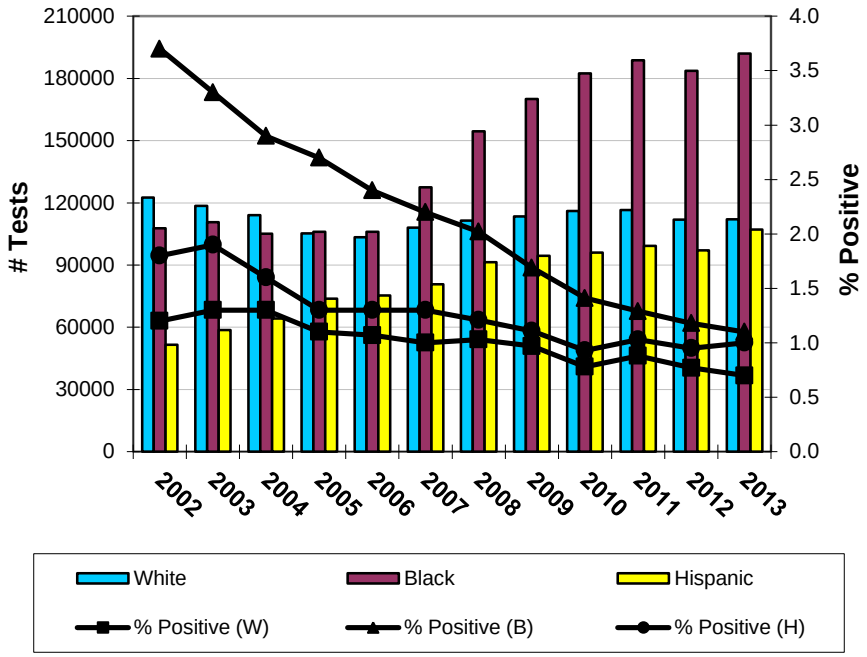


Figure 6c illustrates the number of HIV tests and positivity rates by race/ethnicity from 2002 through 2013. For Hispanics, there was a slight increase in the positivity rate between 2012 and 2013; however, the positivity rate for whites continued to decline. The positivity rate for blacks shows a general decline over the past decade; however, it still remains higher than that of whites or Hispanics.

Figure 6c. Number of HIV Tests and Positivity Rates by Race/Ethnicity, Florida, 2002-2013



There were modest but steady increases in the amount of testing for whites and Hispanics from 2006 through 2011. There were more pronounced increases in the amount of testing among blacks from 2006 through 2011. However, while the testing volume decreased for all three groups from 2011 to 2012, the 2013 numbers for blacks and Hispanics increased by 4.5 percent (8,296 tests) and 10.4 percent (10,042 tests), respectively. The increase in testing numbers for whites was 0.16 percent (177 tests).

Sex/Gender

Figure 7a shows the number of HIV tests and **Figure 7b** shows HIV-positive tests by sex for 2013. Females accounted for 52.5 percent (224,964) of HIV tests and males accounted for 45.7 percent (195,893). However, males accounted for the greatest number of positive tests (72.9 percent or 3,063), with a positivity rate of 1.6 percent. Females accounted for 25.7 percent (1,079) of positive tests with a positivity rate of 0.5 percent. Transgendered persons accounted for only 0.1 percent of the testing and 0.5 percent of the positive tests; however, their positivity rate is extremely high at 5.3 percent. As most of them report MSM as their risk, they definitely contribute to the higher positivity among that risk group.

Figure 7a. Total HIV Tests by Sex, Florida, 2013 (N=428,293)

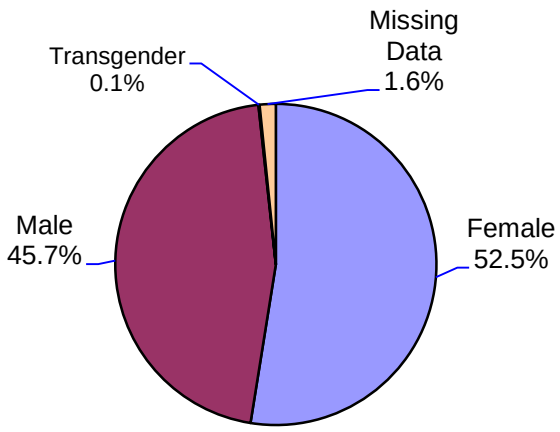
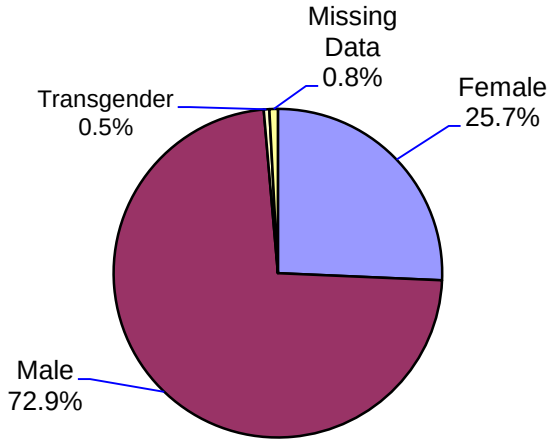
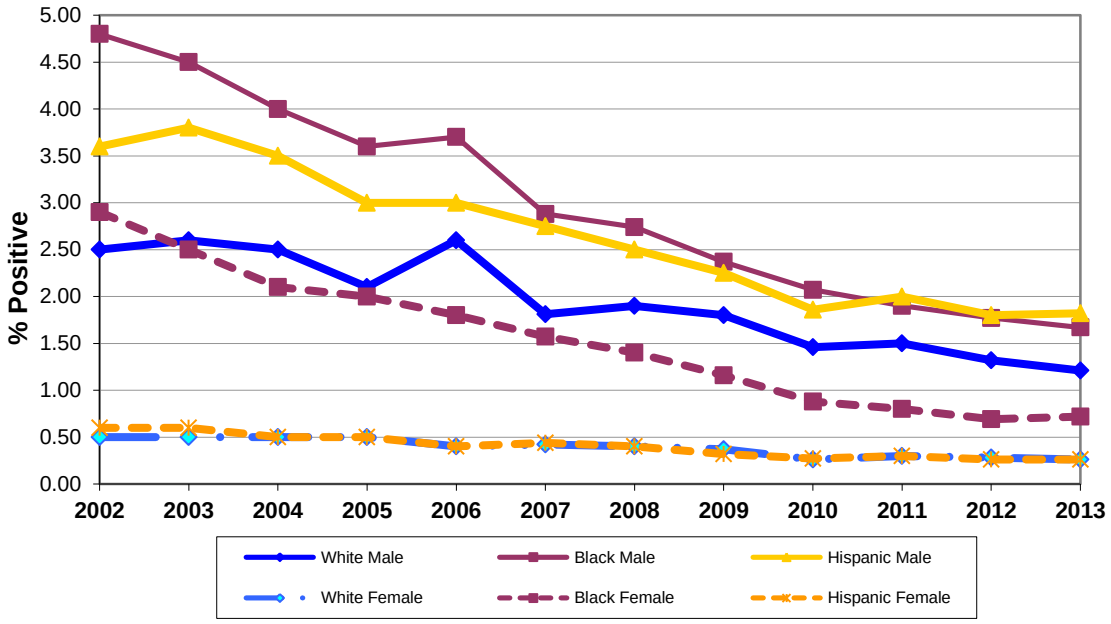


Figure 7b. HIV-Positive Tests by Sex, Florida, 2013 (N=4,200)



Positivity rates for males and females by race/ethnicity are shown in **Figure 8** (also see Appendix Table 3 for a data table). Positivity rates varied noticeably by race/ethnicity and sex. For the period 2003 to 2010, black males had the highest positivity rate. However, in 2011 and 2012 the positivity rate for Hispanic males exceeded the rate for black males. This was also true for 2013, and by a larger margin than in the prior years. Since 2003, females in all racial/ethnic groups have had lower positivity rates than males. The rate for black females was higher than the rates for Hispanic or white females. There were decreases in positivity rates between 2011 and 2012 for all six groups. From 2003 to 2013, the positivity rate for black females declined from 2.5 percent to 0.7 percent, and the rate for black males declined from 4.5 percent to 1.7 percent. Historically, Hispanic and white females have had the lowest positivity rates.

Figure 8. HIV Seropositivity by Sex and Race/Ethnicity, Florida, 2002-2013



See Appendix Table 2 for data in table form

Age

Figure 9a shows the number of HIV tests by age group and **Figure 9b** shows HIV-positive tests by age group for 2013. As with other demographics, the distribution of HIV-positive tests does not mirror the distribution of total HIV tests by age group. Persons from ages 20 to 29 represent the largest testing population at 42.0 percent (179,755), and account for the highest percentage of positive tests at 31.0 percent (1,280). Persons ages 50 and older make up only 11.3 percent (48,434) of total tests, but disproportionately account for 20.0 percent (828) of positive tests. Conversely, persons under the age of 20 account for 10.5 percent (45,148) of the tests but only 3.0 percent (145) of the positive tests. For the third year in a row, no person under the age of 13 tested positive for HIV in the publicly funded testing program.

Figure 9a. Total HIV Tests by Age Group, Florida, 2013 (N=428,294)

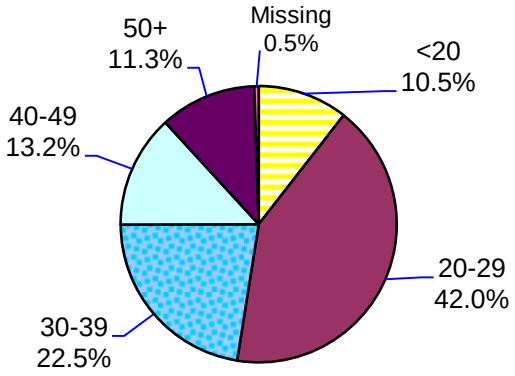
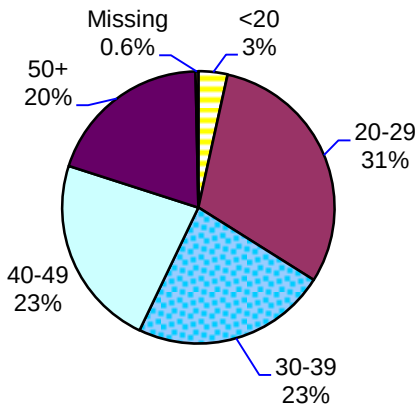


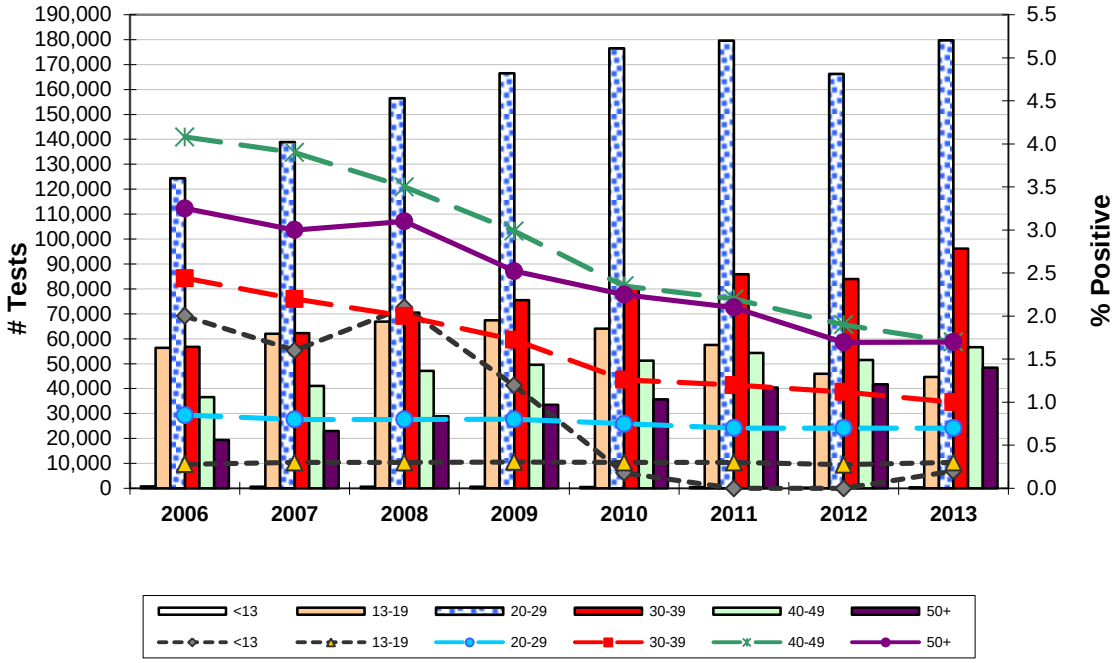
Figure 9b. HIV-Positive Tests by Age Group, Florida, 2013 (N=4,200)



The distribution of testing across age groups has not changed significantly over time. When comparing 2013 with 2012, testing increased in all age groups, except the 13-19 year olds, which fell 2.6 percent (1,195 tests). **Figure 9c** (also see Appendix Table 4a and 4b for data tables) shows testing numbers and positivity rates for 2006 to 2013 by age group. Positivity rates for persons ages 13-19 remained relatively stable at 0.3 percent for the past six years. CDC estimates that one-fourth of annual new infections occur among those ages 22 years or less. The HIP focus on young MSM of all races and ages suggests a need to recruit higher risk people between the ages of 13-19 for testing. Between 2006 and 2013, the positivity rates for children less than 13 years old fluctuated, although this variation is primarily attributed to the low volume of tests conducted.

For those in the 20-29 age group, the positivity rate has been relatively stable for six years at 0.7 percent to 0.8 percent. Positivity rates among those in the 30-39 age group decreased from 2.5 percent in 2006 to 1.0 percent in 2013. Though the positivity rates for those over 40 have decreased, those rates remain higher than those in younger age groups. This demonstrates the importance of testing those ages 40 and above.

Figure 9c. Number of HIV Tests and Positivity Rates by Age Group, Florida, 2006-2013



See Appendix Tables 3a and 3b for data in table form

Risk Behaviors

Since individuals may engage in more than one risk behavior, each self-reported exposure is categorized according to the highest level of risk. **Figure 10** illustrates the testing volume for the past eight years for the top five risk behaviors. Persons who identified heterosexual sex as their highest risk behavior consistently comprise a very large majority of HIV tests conducted. For those identifying a current or past sexually transmitted disease (STD) diagnosis, testing levels increased between 2006 and 2010, and then showed declines between 2011 and 2013. Testing numbers among MSM fluctuated somewhat between 1996 and 2006 (data not shown), but have steadily increased through

2013. Testing among IDUs has increased dramatically between 2006 and 2013. Testing for persons with a sex partner at risk also increased over the past five years, but fell in 2013. Sex partner at risk includes sex with an HIV-infected person, female who had sex with an MSM, sex with an IDU and sex with other. This “other” category combines sex with an anonymous or transgendered partner, sex with someone who has a blood risk or sex with someone who exchanges sex for money/drugs.

Figure 10. Number of HIV Tests Among Selected Risk Behavior Groups, Florida, 2006-2013

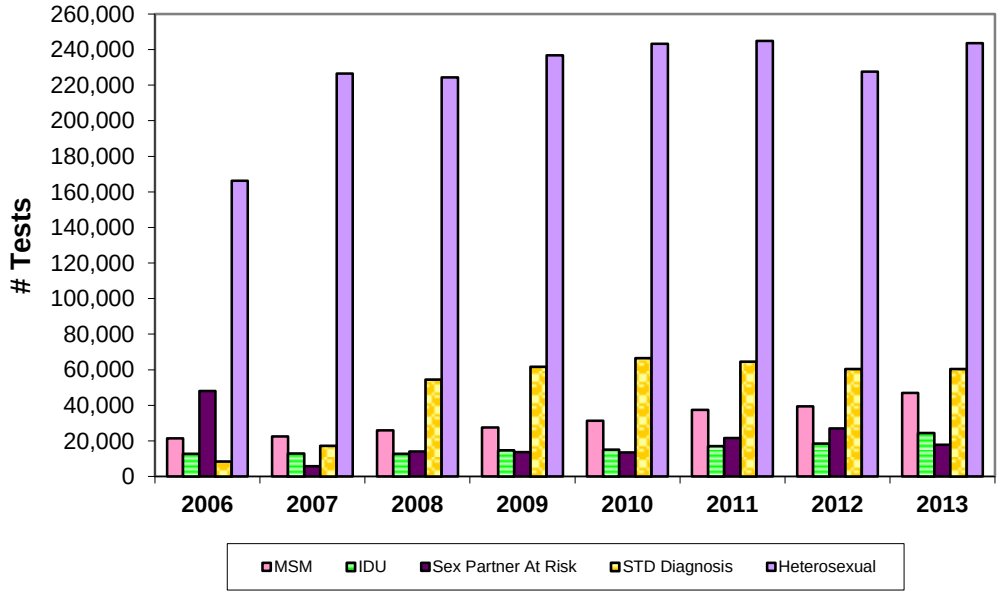


Figure 11 displays positivity rates for various risk groups in ascending order. In 2013, the sex with HIV group had the highest positivity rate (9.4 percent). MSM had a high positivity rate at 5.1 percent. However, possibly due to the higher numbers tested in 2013, the positivity rate for MSM/IDU fell to 1.2 percent. Similarly, the positivity rate for the heterosexual risk group was lower at 0.4 percent. This group accounted for the majority of tests.

Figure 11. Positivity Rates by Self-Reported Risk Behaviors, Florida, 2013

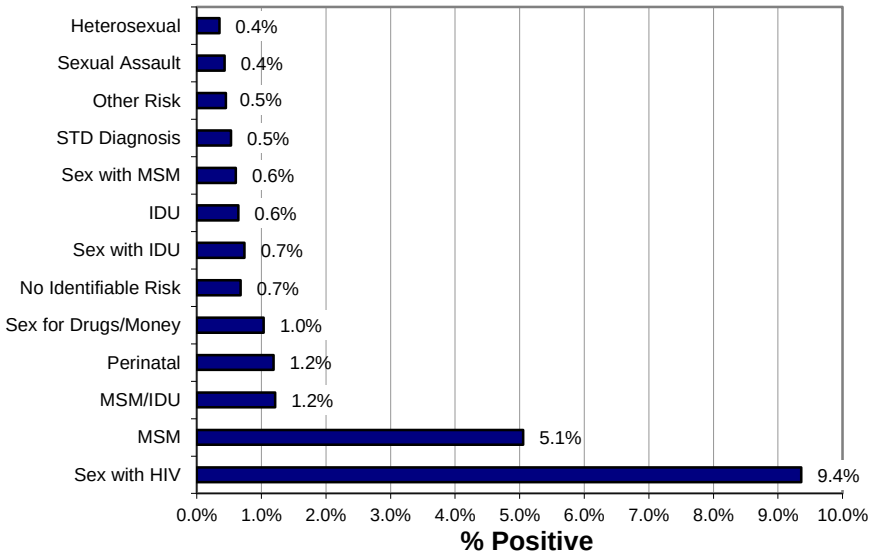
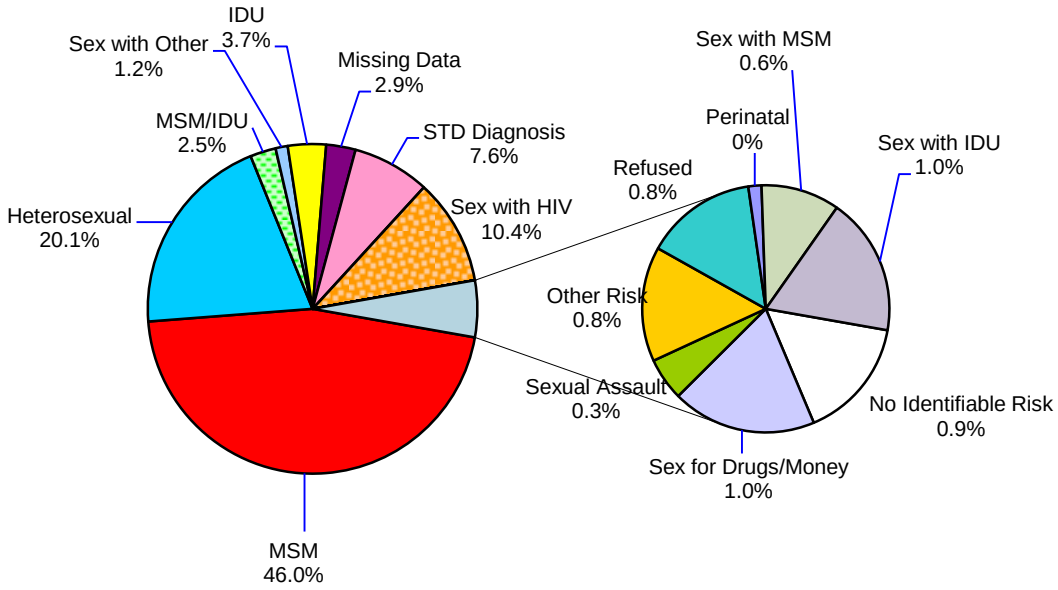


Figure 12 shows the distribution of HIV-positive test results by self-reported risk exposure for 2013. Together, MSM and MSM/IDU accounted for the greatest number of positive tests (48.5 percent or 2,038). Persons who identified heterosexual sex as their highest risk comprised 20.1 percent (844) of all positive tests. Those who reported having sexual relations with someone who has HIV accounted for 10.4 percent (438) of all positive tests. For 2.9 percent (121) of the positive tests, no risk factor was recorded and this is reported as missing data.

Figure 12. Distribution of HIV-Positive Tests by Self-Reported Risk Exposure, Florida, 2013 (N=4,200)



The Intersection of Race/Ethnicity, Sex and Age

One way to obtain a more specific description of HIV testing patterns and positivity rates in a population is to look at the intersection of race/ethnicity, sex and age. **Figure 8**, above, and Appendix Table 3 show that over the past 12 years, black males and Hispanic males have experienced the highest positivity rates, followed by white males and black females. For the first time, Hispanic males have the highest positivity rate of all race/ethnic/gender combinations at 1.82 percent. For all age groups, white females and Hispanic females consistently recorded positivity rates below 1.0 percent.

Figure 13a shows that positivity rates for males varied considerably by age. Positivity rates increased as age increased through age 49 then decreased after age 50. The highest positivity rate was found among Hispanic males from ages 40 to 49. MSM accounted for 64.0 percent of the positive tests in this particular demographic (data not shown). Efforts to target Hispanic MSM for testing need to continue.

Figure 13a. Seropositivity Among Males, by Age and Race/Ethnicity, Florida, 2013

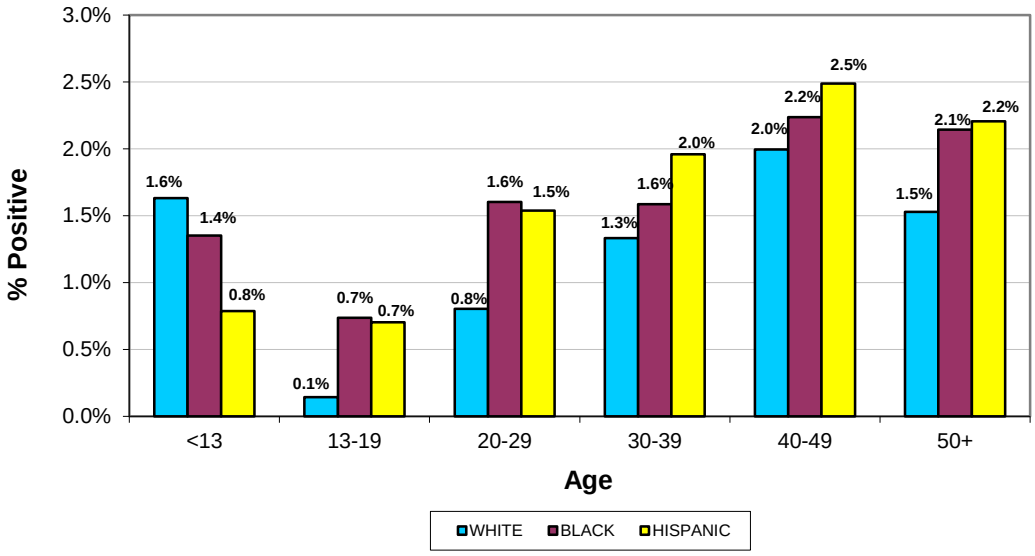
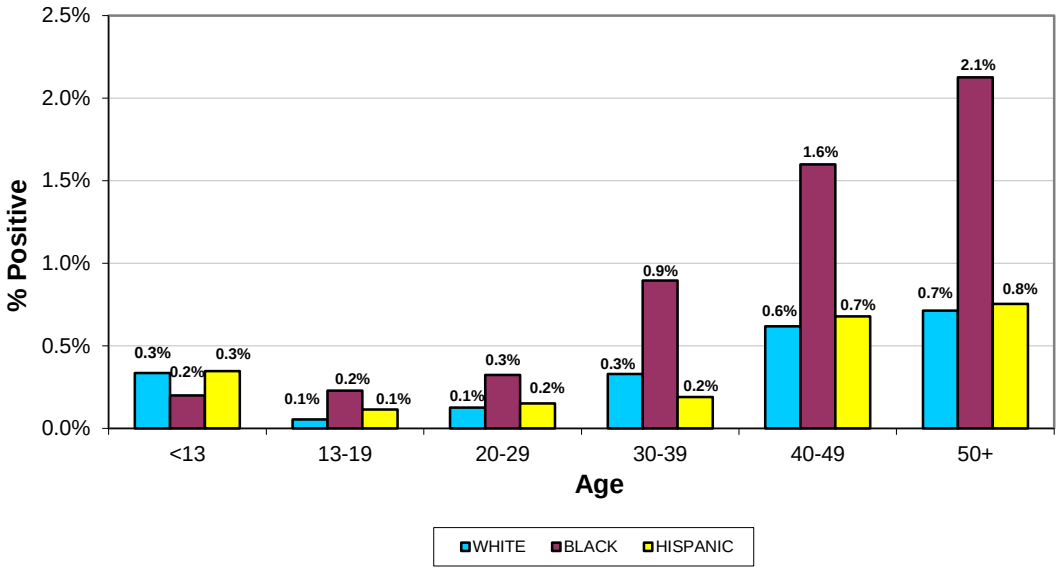


Figure 13b shows the positivity rate by race/ethnicity and age for females. As with males, the trend for females towards higher positivity rates in the older groups was noticeable. This trend was especially true for black females. Further analyses revealed that, of the 179 new positives in 2013 for black women ages 50 and older, 75 (42.0 percent) were associated with heterosexual risk and another 36 (20.0 percent) were associated with the risk of sex with an HIV-positive partner (data not shown). This underscores the need for continued outreach for black women.

Figure 13b. Seropositivity Among Females, by Age and Race/Ethnicity, Florida, 2013



Looking at all races in the over 50 population, 51.4 percent of the positive tests were previously positive, highlighting the need to continue to ensure that access to care is maintained or improved in this population.

The Intersection of Race/Ethnicity and Risk

Male-to-male sex and injection drug use (separately or in combination) are behavioral practices that place individuals at high risk for HIV infection. In 2013, 71,006 HIV tests (16.6 percent of all tests) were performed on persons who identified themselves as MSM, IDU or both MSM and IDU. As shown in **Figure 11** above, the positivity rate in 2013 among MSM/IDU was 1.2 percent, 5.1 percent among MSM and 0.6 percent among IDU. However, demographic differences in testing patterns and positivity rates are evident within these risk groups.

Figures 14a to 16b illustrate the distribution of HIV tests and HIV-positive tests by race/ethnicity for MSM/IDU (together), MSM (separately) and IDU (separately) in 2013. Whites accounted for the largest proportion of HIV tests in all three of these risk groups: 41.0 percent of MSM/IDU, 39.6 percent of MSM and 64.6 percent of IDU. They also accounted for 49.1 percent of the positive tests in the MSM/IDU group. However, in the distribution of HIV-positive tests among MSM and IDU, blacks accounted for the largest proportion of HIV positives.

The racial/ethnic disparities appear to be stronger among IDU. For example, black males accounted for 5.5 percent of tests among IDU, yet they comprised 25.2 percent of positive tests in this risk group. Similarly, Hispanic males accounted for 6.5 percent of tests and 16.8 percent of the positives. In contrast, white males and white females accounted for 64.6 percent of tests among IDU (34.2 percent for females and 30.4 percent for males), yet their combined share of the positive tests was substantially lower at 32.3 percent (21.3 percent for females and 11.0 percent for males).

Figure 14a shows the distribution of HIV tests among MSM/IDU by race/ethnicity and **Figure 14b** shows the distribution of HIV-positive tests.

Figure 14a. HIV Tests among MSM/IDU by Race/Ethnicity, Florida, 2013 (N=8,744)

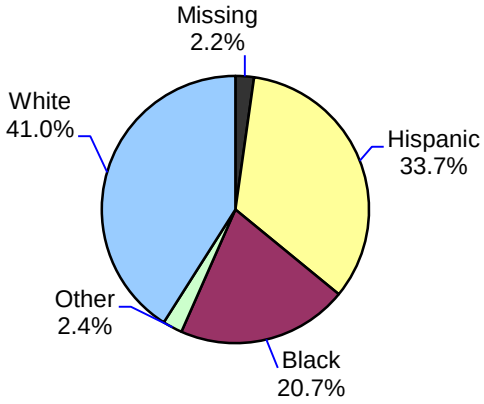


Figure 14b. HIV-Positive Tests among MSM/IDU by Race/Ethnicity, Florida, 2013 (N=106)

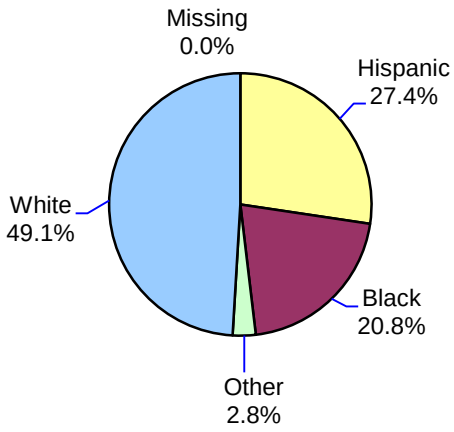


Figure 15a shows the distribution of HIV tests among MSM by race/ethnicity and **Figure 15b** shows the distribution of HIV-positive tests.

Figure 15a. HIV Tests among MSM by Race/Ethnicity, Florida, 2013 (N=38,225)

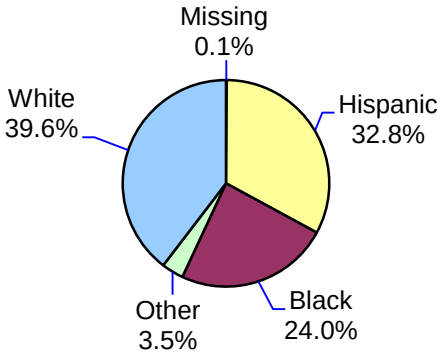


Figure 15b. HIV-Positive Tests among MSM by Race/Ethnicity, Florida, 2013 (N=1,932)

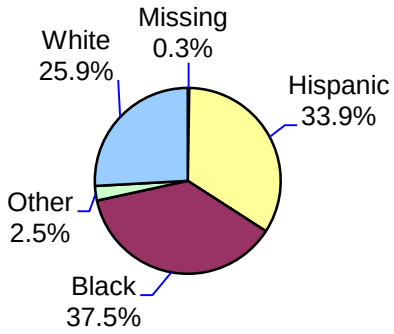


Figure 16a shows the distribution of HIV tests among IDU by sex and race/ethnicity and **Figure 16b** shows the distribution of HIV-positive tests among the same risk group.

Figure 16a. HIV Tests among IDU by Sex and Race/Ethnicity, Florida, 2013

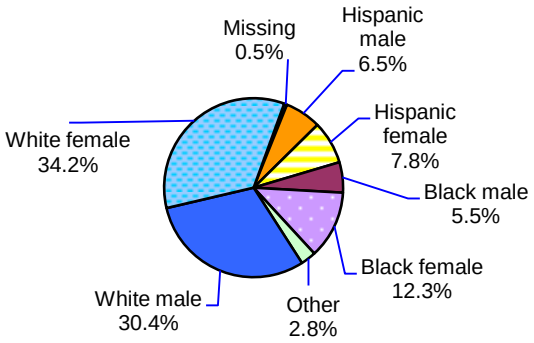


Figure 16b. HIV-Positive Tests among IDU by Sex and Race/Ethnicity, Florida, 2013

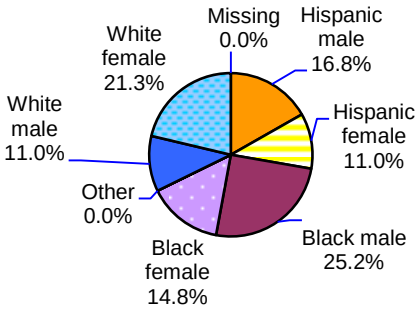
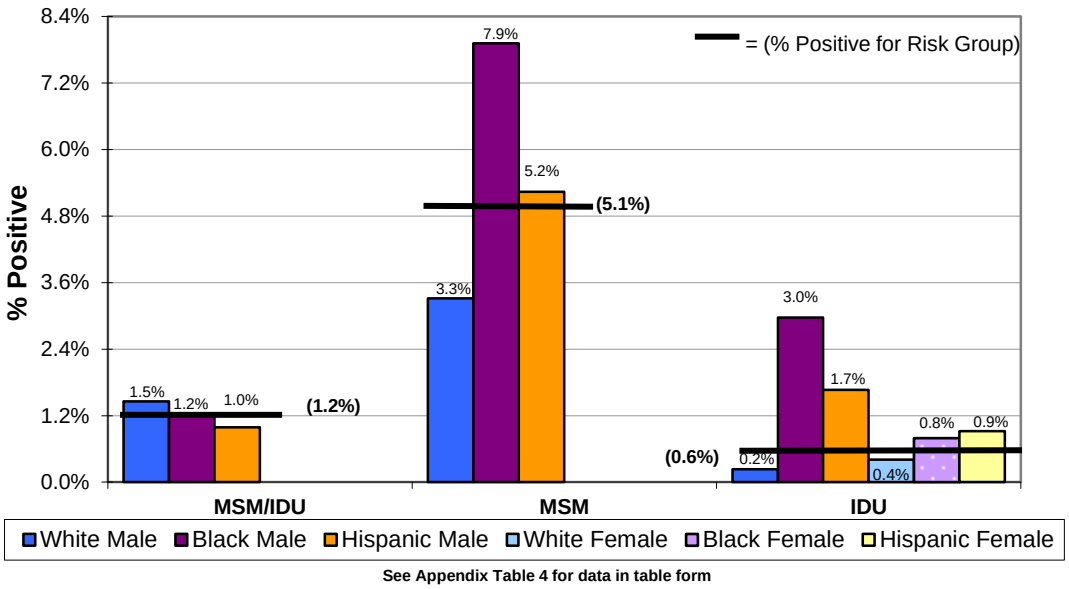


Figure 17 (see Appendix Table 5 for a data table) shows that aggregate positivity rates for MSM/IDU, MSM and IDU masked important, and occasionally dramatic, differences between racial/ethnic groups. The relatively high testing volume for whites, combined with their generally lower positivity rates, reduced the average positivity rate for the whole population in each of these risk groups. For example, in 2013, the positivity rate for black MSM was 7.9 percent, and the positivity rate for Hispanic MSM was 5.2 percent, whereas white MSM was below the group rate of 5.1 percent (3.3 percent). For 2013, whites had the highest positivity rate among MSM/IDU at 1.5 percent. This group was above the average positivity rate (1.2 percent) for MSM/IDU. The IDU risk group had the most variation between the group positivity rate and the rate for each sex and race/ethnicity. White males and white females had less than the risk group rate of 0.6 percent (0.2 percent and 0.4 percent, respectively). In sharp contrast, black males were five times the group rate and Hispanic males were more than double the group rate (3.0 percent and 1.7 percent, respectively). Compared to 2011 and 2012 (data not shown), seropositivity rates decreased, generally speaking. The data presented here indicate a continuing need to increase testing and prevention education among individuals that engage in very high risk behaviors.

Figure 17. Seropositivity Among Select Risk Exposure Groups by Sex and Race/Ethnicity, Florida, 2013



See Appendix Table 4 for data in table form

Focus on OraSure

The HIV Prevention Program has been providing Florida counseling and testing sites with OraSure Oral HIV-1 Antibody Testing Systems since February 1998. This testing method detects antibodies in oral mucosal transudate. In Florida, OraSure is primarily for use in outreach settings, to reach high-risk persons who are less likely to access the health care system and less accepting of conventional testing methods (for example, persons who are homeless, drug users, younger or those who live in rural areas).

In 2013, 27,350 OraSure tests were administered in Florida. This was a decline in usage of 65.1 percent when compared to 2003 when usage peaked at 78,378. The statewide positivity rate for OraSure also decreased during that same time period from 2.9 percent in 2003 to 1.7 percent in 2011. However, in 2013 there was another increase in the OraSure positivity rate to 2.1 percent (578 positives) from the 2012 rate of 2.0 percent (646 positives out of 32,305 tests).

The top 17 OraSure positivity rates by county are listed in **Table 1**. All of these counties surpassed the overall positivity rate for all testing in 2013 of 1.0 percent. Nassau County had the highest positivity rate at 19.4 percent. Of the 34 Nassau County positives, 32 were previous positives. Orange and Broward counties each had the next highest positivity rates (9.0 percent and 7.1 percent, respectively). There were 48 previous positives in Orange County and 51 previous positives in Broward County.

Compared to the overall positivity rates shown on the cover page (also in Appendix Table 1), some counties were able to achieve much higher positivity rates using OraSure. These differences may result from the success of using OraSure in outreach settings.

Table 1. HIV Seropositivity Rates using OraSure for Select Counties, Florida, 2013

County	# of Tests	# of Positives	% Positive
NASSAU	175	34	19.4%
ORANGE	799	72	9.0%
BROWARD	1,034	73	7.1%
MANATEE	413	17	4.1%
INDIAN RIVER	53	2	3.8%
DUVAL	1,170	39	3.3%
MIAMI-DADE	5,146	171	3.3%
MONROE	40	1	2.5%
LAKE	115	2	1.7%
PALM BEACH	2,257	36	1.6%
HILLSBOROUGH	1,740	26	1.5%
BREVARD	139	2	1.4%
ST LUCIE	521	7	1.3%
MARION	603	8	1.3%
LEON	2,321	28	1.2%
ESCAMBIA	288	3	1.0%
PINELLAS	2,754	28	1.0%

Blacks accounted for most of the OraSure tests in 2013 (10,922 or 40.0 percent) compared to whites (9,942 or 36.4 percent) and Hispanics (5,234 or 19.1 percent). Females were tested more than males with 51.5 percent versus 46.9 percent of the tests, respectively (data not shown). These figures do not sum to 100.0 percent due to missing data.

Focus on Rapid Testing

The first rapid HIV testing program in Florida was implemented in the Duval County Jail in 2003. Since then, rapid HIV testing has expanded to many counties in Florida. Rapid HIV tests are screening tests that produce very quick results, usually within 10 to 40 minutes, and can be performed using whole blood through finger stick or venipuncture or with an oral specimen. Rapid tests are extremely accurate, and non-reactive results indicate that no antibodies to the HIV virus have been detected. Reactive rapid tests must be confirmed by a standard HIV test, which could be done using blood or OraSure.

In 2013, 281,707 tests were conducted using rapid testing, which was an increase of 11.6 percent, or 29,235 from 2012. The statewide positivity rate using rapid testing decreased from 2.2 percent when rapid testing began in 2003 to 0.9 percent in 2013. Positivity rates for counties that used more than 1,000 rapid tests in 2013 are shown in **Table 2**. Among those counties, Pinellas and Polk had the highest positivity rates (1.6 percent).

Table 2. Rapid Tests and Positivity Rates for Select Counties, Florida, 2013

County	Total Tested	# Negative	# Confirmed Positive	Positivity Rate
PINELLAS	5,848	5,741	96	1.6%
POLK	1,176	1,154	19	1.6%
LEON	3,252	3,202	47	1.4%
HILLSBOROUGH	14,081	13,869	201	1.4%
VOLUSIA	2,917	2,870	38	1.3%
MIAMI-DADE	78,989	78,060	782	1.0%
ORANGE	28,582	28,272	278	1.0%
LEE	6,191	6,131	57	0.9%
DUVAL	23,025	22,806	190	0.8%
BREVARD	1,846	1,830	15	0.8%
BROWARD	66,192	65,642	463	0.7%
ESCAMBIA	6,437	6,396	40	0.6%
SARASOTA	3,395	3,369	21	0.6%
PALM BEACH	15,439	15,355	71	0.5%
COLLIER	3,305	3,289	15	0.5%
MANATEE	4,910	4,888	22	0.4%
ALACHUA	3,139	3,121	14	0.4%
MONROE	1,193	1,188	5	0.4%
ST LUCIE	5,953	5,929	20	0.3%
MARION	2,001	1,996	4	0.2%

The next three figures compare the 2013 testing levels and positivity rates by race/ethnicity and sex among different types of testing. **Figure 18a** shows the testing levels and positivity rates for blood tests, **Figure 18b** shows the testing levels and positivity rates for OraSure tests, and **Figure 18c** shows the testing levels and positivity rates for rapid tests (which can use either blood or oral samples). Black females and white females had the highest number of blood tests. Black females had the most OraSure tests at 5,676, although white females and black males also had over 5,000 tests. For rapid testing, black males and black females had the highest number of tests. Black males had the highest positivity rates for blood and OraSure tests (3.3 percent and 4.4 percent, respectively) and Hispanic males had the highest positivity rate for rapid tests (1.5 percent).

Figure 18a. HIV Blood Tests by Race/Ethnicity and Gender, Florida, 2013

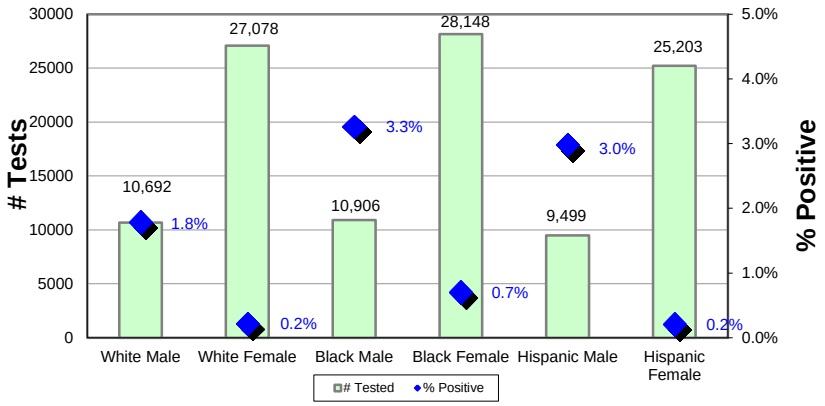


Figure 18b. HIV OraSure Tests by Race/Ethnicity and Gender, Florida, 2013

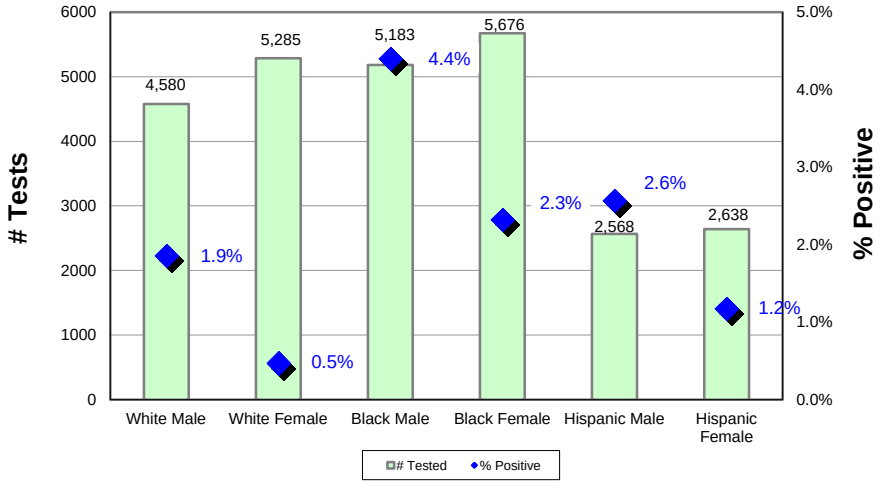
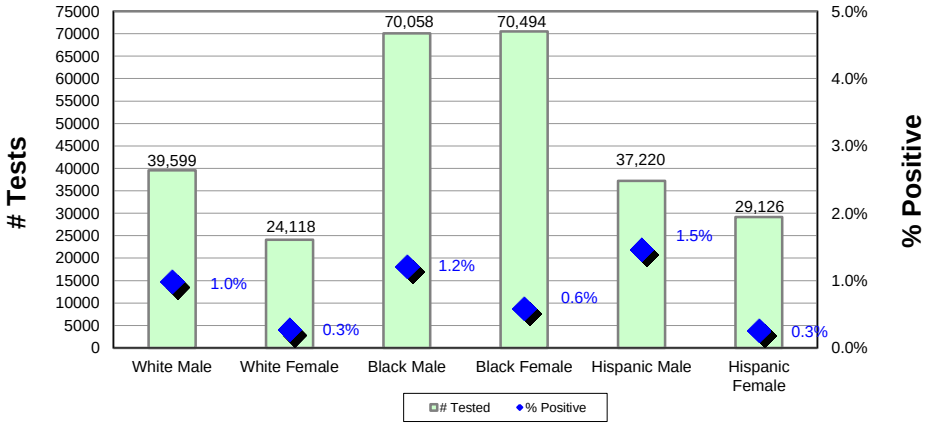


Figure 18c. HIV Rapid Tests by Race/Ethnicity and Gender, Florida, 2013

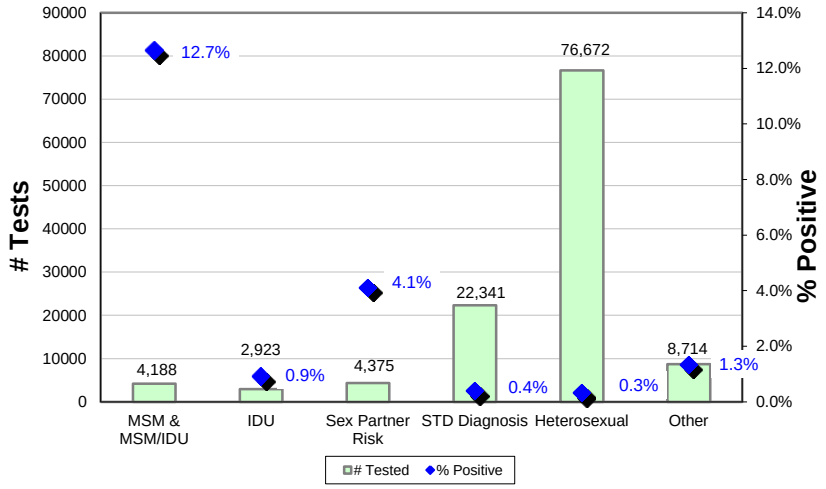


Figures 19a, 19b and 19c compare 2013 testing levels and positivity rates by risk group for blood (**Figure 19a**), OraSure (**Figure 19b**) and rapid testing (**Figure 19c**). The OraSure test had the highest overall positivity rate of 2.1 percent, followed by blood tests (1.0 percent) and rapid tests (0.9 percent) (data not shown). Regardless of the type of test, the majority were administered to persons who identified heterosexual sex as their highest risk.

Historically, the categories for analyzing risk factors for blood, OraSure and rapid testing in the annual reports have been grouped into MSM and MSM/IDU, IDU, sex partner at risk, STD diagnosis, heterosexual and other. These grouped risk factors appear in **Figures 19a, 19b, and 19c**, below.

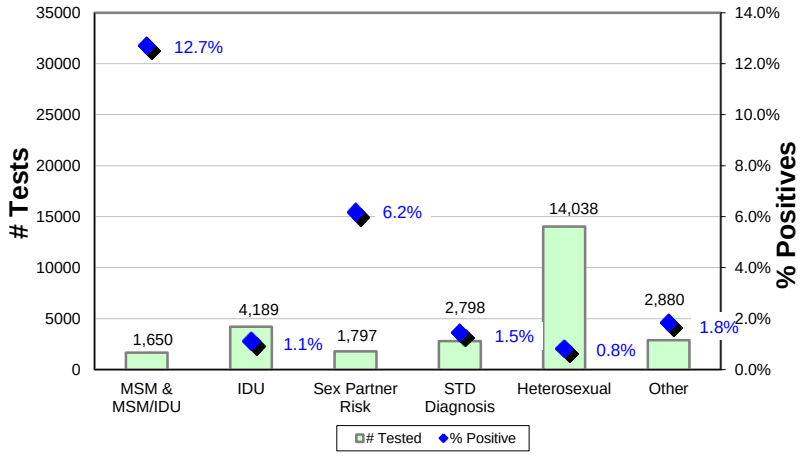
For blood tests in 2013, the grouped risk factors with the highest positivity rates were MSM and MSM/IDU (12.7 percent) and sex partner at risk (4.1 percent). Ungrouping the risk factors for blood tests showed the highest positivity rates were sex with an HIV-infected partner (15.9 percent, 144 positives from 908 tests) and MSM (12.7 percent, 514 positives from 4,036 tests).

Figure 19a. HIV Blood Tests by Risk, Florida, 2013



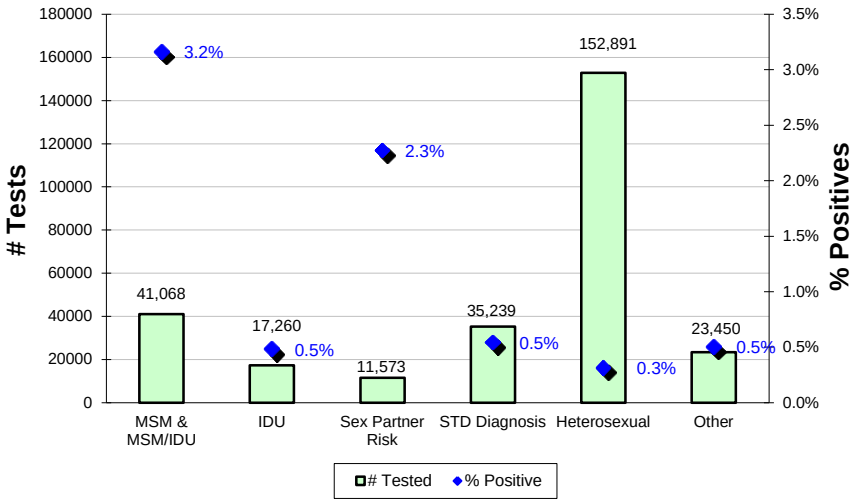
For OraSure tests in 2013, the grouped risk factors with the highest positivity rates were MSM and MSM/IDU (12.7 percent) and sex partner at risk (6.2 percent). The ungrouped risk factors for OraSure tests with the highest positivity rates were sex with an HIV-infected partner (21.0 percent, 87 positives from 415 tests) and MSM (13.0 percent, 191 positives from 1,467 tests).

Figure 19b. HIV OraSure Tests by Risk, Florida, 2013



For rapid tests in 2013, the grouped risk factors with the highest positivity rates were MSM and MSM/IDU (3.2 percent) and sex partner at risk (2.3 percent). The ungrouped risk factors for rapid tests with the highest positivity rates were MSM (3.8 percent, 1,227 positives from 32,663 tests) and sex with an HIV-infected partner (6.2 percent, 207 positives from 3,329 tests).

Figure 19c. HIV Rapid Tests by Risk, Florida, 2013



These data indicate that OraSure and rapid testing continue to be a valuable asset to HIV prevention programs throughout Florida. The availability of OraSure and rapid testing has increased test acceptance in a variety of outreach settings including housing projects, homeless shelters, rural communities, jails and mobile testing units. In 2013, OraSure and rapid testing accounted for 72.2 percent of all HIV tests conducted at registered HIV counseling and testing sites.

Their effectiveness as an outreach tool has been demonstrated in many counties where the growth of street outreach and community-based testing sites demand faster, easier and less threatening means of testing for HIV. OraSure and rapid testing are an important part of ongoing efforts to increase access and availability of HIV testing and counseling services among high-risk populations, and will continue to increase the proportion of HIV-infected persons in Florida who know their status.

Focus on Repeat HIV Testers

Of the 428,293 total tests conducted in 2013, the majority of tests (75.2 percent or 322,127) were for those who indicated they had previously taken an HIV test (“repeat testers”). Of those repeat tests, nearly all were associated with a previous negative test result (306,565 out of 322,127 or 95.2 percent) while a small minority (1,994 out of 322,127 or 0.6 percent) was associated with a previous positive or previous reactive rapid test.

Among the 4,200 positive test results in 2013, 39.7 percent (1,669) previously tested negative and 44.9 percent (1,884) previously tested positive. MSM accounted for the largest proportion of positive tests among those who previously tested negative with 54.0 percent (902). Those who had heterosexual sex as their highest risk factor accounted for 19.4 percent (324) of the positive tests among those who previously tested negative (data not shown).

Table 3 shows positive test results for 2013 by sex, certain race/ethnicities and previous test results. For all of these demographic groups, a portion of the total positives was for those who had not

previously tested, but tested positive on a “first-time test” (first-time test data are not shown here). Black males accounted for the highest number of positives and the highest number of previous tests. For Hispanic females, most of the positives (55.3 percent) for 2013 were associated with a previous positive test.

A number of positive tests for 2013 were associated with previous negative tests. Many individuals may be concerned because of their continued practice of high-risk behaviors and thus return often for testing. Condom distribution is important among this population.

Table 3. HIV-Positive Tests and Previous Test Results by Sex and Race/Ethnicity, Florida, 2013

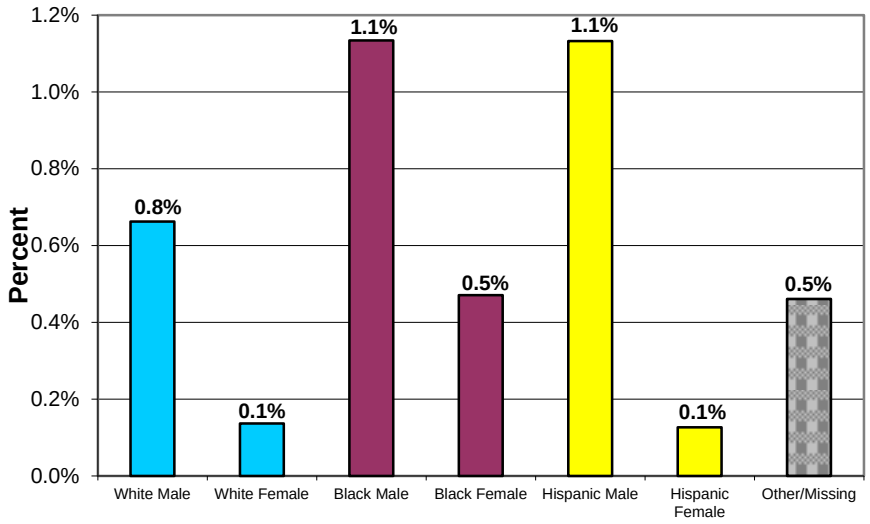
Sex and Race/Ethnicity	Total Positives	# (%) Previously Tested Positive	# (%) Previously Tested Negative
White Male	664	303 (45.6%)	248 (37.3%)
White Female	148	71 (48.0%)	43 (29.1%)
Black Male	1,436	463 (32.2%)	634 (44.2%)
Black Female	747	257 (34.4%)	289 (38.7%)
Hispanic Male	895	356 (39.8%)	372 (41.6%)
Hispanic Female	161	89 (55.3%)	49 (30.4%)
Other/Missing M-F	149	57 (38.3%)	40 (26.8%)
Total	4,200	1,596 (38.0%)	1,675 (39.9%)

A large proportion of positives identified in 2013 (38.0 percent) have already been found to be infected with HIV. Persons who are HIV positive retest for a number of reasons, including: denial; the misplaced belief that medications have cured them; proof of positivity needed to access services; boredom (for example, inmates); desire to try a new test (for example, rapid testing); and desire to find out if they are still positive.

Figure 20 shows HIV positivity rates by sex and race/ethnicity for those who tested positive for the first time in 2013. Over half (2,604 or 62.0 percent) of the 4,200 positive test results obtained in 2013 were associated with no previous test or with previous non-positive tests. These 2,604 tests represented “new positives” for 2013. The positivity rate among the new positives was highest for black and Hispanic males (both 1.1 percent), and white males (0.8 percent). These positivity rates are lower than those presented in **Figure 8** (or Appendix Table 3) and may be more reflective of the true prevalence among persons who receive voluntary HIV testing; however, they are also subject to clients self-reporting their HIV status incorrectly.

Positivity rates presented elsewhere in this report are influenced by the large number of repeat positives within the database, as persons receiving a positive test are very likely to test again. The proportion of positives that were new positives in 2013 (62.0 percent) was higher than it was in 2011 (60.1 percent), 2010 (60.5 percent), 2009 (57.0 percent), and in 2008 (58.3 percent). This indicates that continued expansion into clinical settings and better targeting may have led to more effective identification of new positives.

Figure 20. Positivity Rates Among Those Testing Positive for the First Time, by Sex and Race/Ethnicity, Florida, 2013 (N=2,604)



Focus on the Expanded Testing Initiative

In October 2010, a new CDC grant called the Expanded Testing Initiative (ETI) was announced, and in 2013 it was incorporated into the HIV prevention grant as Category B. Category B targets all disproportionately affected persons including Hispanics and MSM regardless of race/ethnicity. In Florida, testing under the grant includes 12 counties: Alachua, Broward, Collier, Duval, Hillsborough, Manatee, Miami-Dade, Orange, Palm Beach, Pinellas, Saint Lucie and Osceola.

In 2013, ETI sites performed 151,748 tests, and identified 1,329 positives for a positivity rate of 0.9 percent. **Figure 21a** shows the distribution of tests by race/ethnicity and **Figure 21b** shows the distribution of positive tests by race/ethnicity. Blacks accounted for the largest proportion of total tests and positive tests (51.5 percent and 49.1 percent, respectively). However, Hispanics made up 23.8 percent of the testing and over a quarter of the positive tests (28.5 percent). Therefore, it appears that testing is being appropriately targeted.

Figure 21a. Total HIV Tests by Race/Ethnicity for ETI/Category B, Florida, 2013 (N=151,748)

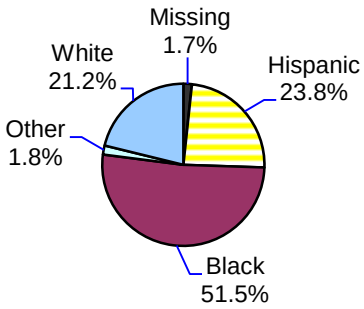
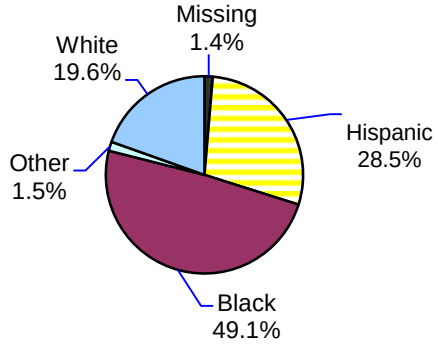


Figure 21b. HIV-Positive Tests by Race/Ethnicity for ETI/Category B, Florida, 2013 (N=1,329)



Another component of ETI is to increase testing in health care settings such as emergency departments, primary health care clinics, substance abuse treatment centers and community health centers. The focus on testing in health care settings is in support of the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.* In all health care settings, screening for HIV infection should be performed routinely for all adults.

Figure 22a shows the distribution of ETI HIV tests and **Figure 22b** shows the distribution of ETI HIV-positive tests by testing venue, including one non-health care venue type: community-based organizations (CBOs). Overall, the vast majority (77.1 percent) of ETI tests were conducted in health care venues. Community health centers, correctional facilities, county health department STD clinics and mobile testing units account for the majority of testing in health care settings. For 2013, county health department STD clinics were the most effective at finding ETI positives. They conducted 17.7 percent of the tests (N = 26,789) and found 23.9 percent of the positives (N = 318).

Figure 22a. Total HIV Tests by ETI/Category B Testing Venue, Florida, 2013 (N=151,748)

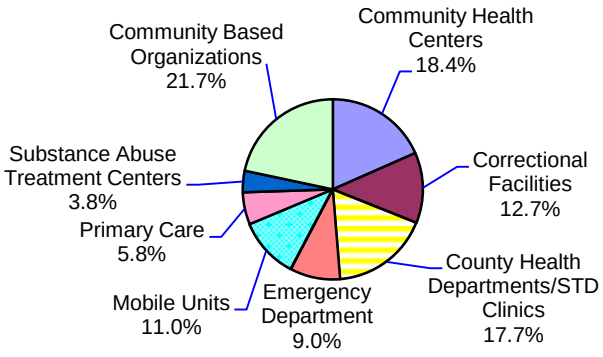
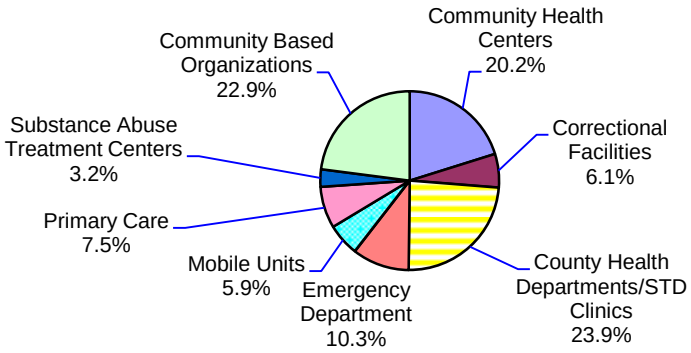


Figure 22b. Total HIV-Positive Tests by ETI/Category B Testing Venue, Florida, 2013



This is a change from 2010 and 2011 when CBOs were the most effective in finding positives, and 2012 when community health centers led the total positives. The proportion of tests done in mobile units decreased from 12.5 percent in 2012 to 11.0 percent in 2013, as did the percentage of positive tests from 10.3 percent in 2012 to 5.9 percent in 2013.

Linkage to Care

In 2010, prevention staff developed a monitoring and evaluation plan that documented quality assurance procedures, goals specific to each component of HIV prevention and ways to measure achievements. The linkage of persons who test positive for HIV to medical care is one of the indicators now being measured. Our goal is that 80.0 percent of persons who test positive are linked to medical care within 90 days of the positive test. This goal is required for the ETI grant and has been adopted for all prevention-funded testing as well. In addition to linking positive clients, there were 223 test results for unconfirmed reactive rapid specimens. CDC includes these in the definition of "newly diagnosed positives" and we are expected to follow linkage protocol with those clients as well. Of these, 67 reported that they were previously positive (data not shown). Linkage to care was confirmed for 60.0 percent (133), and 89.0 percent (198) were given their results.

Linkage to care is determined through searches of several databases including Electronic Lab Reporting (ELR), CAREWare and the STD Program's PRISM database. If a client has an ELR verified

viral load and/or CD4 testing or lab services listed in CAREWare or the county health departments' Health Management System, they are considered to be in care.

Table 4 compares linkage to care by testing venue in 2013 for those who disclosed a prior HIV-positive test (previous or "old" positive) and those testing positive for the first time ("new" positive). Overall, the linkage-to-care rate for confidential sites (that is, sites excluding the "Anonymous" and "Special Projects" categories) was good: 92.7 percent for old positives and 83.6 percent for new positives.[2] Notably, prenatal sites linked 100.0 percent of their HIV-positive patients to care. On the other hand, of the eight new positive test results from anonymous testing sites, none were linked to care. This illustrates the importance of confidential (named) testing since persons who test anonymously do not provide any personal identifiable information that could be used to link them to medical care or other services.

These data do not indicate how long it took the patient to be linked to care. The special project sites, as a whole, had lower linkage-to-care rates, but this site type contained both anonymous and confidential testing. The majority of these positives were identified as a part of the anonymously administered National HIV Behavioral Surveillance Survey (NHBS). NHBS conducted 593 HIV tests in 2013 and found 70 positives (43 previous positives and 27 new positives). None of these 70 positives were linked to care. The Targeted Outreach for Pregnant Women Act (TOPWA) also conducts testing under the Special Projects site type. TOPWA sites identified 13 new positives and linked 11 (85.0 percent) to care. TOPWA sites also identified eight previous positives that were linked to care (data not shown). The AIDS Healthcare Foundation MSM Grant Testing Program identified 149 new positives and linked 116 to care (78.0 percent).

The Department of Health in Miami-Dade's Pre-exposure Prophylaxis study identified eight new positives and linked seven to care (87.5 percent). The Substance Abuse, HIV/Hepatitis Assessment and Prevention Education program in Pensacola tested 405 clients in 2013, but found no positives.

Table 4. HIV-Positive Tests Linked to Care by Self-Disclosed Prior Test Results by Site Type, Florida, 2013

Site Type	# Previous Positives	# Linked to Care (Old Positives)	(%)	# New Positives	# Linked to Care (New Positive)	(%)
Anonymous*	**4**	**1**	**25.0%**	**8**	**0**	**0.0%**
STD	**297**	**268**	**90.2%**	**432**	**358**	**82.9%**
Drug Treatment	**21**	**16**	**76.2%**	**42**	**35**	**83.3%**
Family Planning	**10**	**9**	**90%**	**32**	**30**	**93.8%**
Prenatal	**3**	**3**	**100%**	**8**	**7**	**88%**
TB	**5**	**5**	**100.0%**	**11**	**10**	**90.9%**
Adult Health	**144**	**137**	**95.1%**	**142**	**119**	**83.8%**
Jail/Prison	**37**	**36**	**97.3%**	**126**	**104**	**82.5%**
College	**3**	**3**	**100.0%**	**15**	**14**	**93.3%**
Private MD	**183**	**179**	**97.8%**	**337**	**283**	**84.0%**
Special Projects	**62**	**18**	**29.0%**	**198**	**135**	**68.2%**
CBO	**729**	**681**	**93.4%**	**1,005**	**838**	**83.4%**
Health Department Field Visit	**98**	**81**	**82.7%**	**248**	**206**	**83.1%**
Total	**1,596**	**1,437**	**90.0%**	**2,604**	**2,139**	**82.1%**

* There was one test done at an anonymous clinic with demographic information, allowing for follow up.

[2] This includes anyone identified as HIV-positive and linked to care at the time these data were analyzed.

CBOs found the highest number of new positives (N=1,005). For 2013, their linkage-to-care rate was 83.4 percent, up from 2012 when that linkage-to-care rate was 77.8 percent, but still lower than the 89.9 percent rate in 2011. Together, CBOs, STD clinics and private physician offices found the majority of positives for 2013, as was true for 2012.

Table 5 compares linkage to care by demographic and risk groups for previous positives and new positives. The overall linkage rate decreased from 2011 to 2013. In 2011, the linkage rate was 91.4 percent for previous positives and 90.0 percent for new positives. For 2013, the linkage rate was 90.0 percent for previous positives and 82.1 percent for new positives. Males who previously tested positive had the best linkage rate among the sexes at 91.1 percent. Among the age groupings, the best linkage rate was among previous positives ages 50 and older. Blacks had the lowest linkage rates among racial/ethnic groups. For risk factors, those with no identifiable risk, those who had other risks, perinatal and victims of sexual assault had the best linkage to care (100.0 percent) for previous positives. Perinatal cases had the best linkage to care (100.0 percent) for new positives. IDUs had low linkage rates with a rate of 83.1 percent for previous positives and 77.9 percent for new positives; although those new positives with other risks were the lowest at 65.0 percent.

For all 4,200 positive tests in 2013, the linkage-to-care rate was 85.1 percent up from the 2012 overall rate of 81.2 percent. This shows that our efforts helped us surpass our goal of an 80 percent linkage rate. For persons who self-disclosed a prior positive test, the rate was higher at 90 percent. This helps to validate the conventional theory that sometimes people test positive and are not yet ready to accept their diagnosis, but when they are ready they will get retested and begin treatment. For persons testing positive for the first time, the linkage-to-care rate was lower at at 82.1 percent, which is an improvement over the 2012 new positive linkage rate of 78.4 percent. The data indicate that targeted and culturally sensitive efforts should continue to be directed towards all persons testing positive. As more laboratories come online with ELR, more care information will be available.

Table 5. HIV-Positive Tests Linked to Care by Self-Disclosed Prior Test Results, Sex, Age, Race/Ethnicity, and Risk Factors, Florida, 2013

	# Previous Positive	# Linked to Care (Previous Positives)	(%)	# New Positive	# Linked to Care (New Positives)	(%)
Sex						
Male	**1,148**	**1,046**	**91.1%**	**1915**	**1,573**	**82.1%**
Female	**427**	**371**	**86.9%**	**652**	**539**	**82.7%**
Transgender	**7**	**6**	**85.7%**	**16**	**11**	**68.8%**
Missing	**14**	**14**	**100.0%**	**21**	**16**	**76.2%**
Total	**1,596**	**1,437**	**90.0%**	**2,604**	**2,139**	**82.1%**
Age						
Less than 13	**0**	**0**	**0.0%**	**1**	**1**	**0.0%**
13-19	**35**	**30**	**85.7%**	**109**	**83**	**76.1%**
20-29	**319**	**284**	**89.0%**	**961**	**787**	**81.9%**
30-39	**346**	**313**	**90.5%**	**628**	**527**	**83.9%**
40-49	**464**	**420**	**90.5%**	**495**	**409**	**82.6%**
50+	**426**	**389**	**91.3%**	**402**	**330**	**82.1%**
Missing age	**6**	**1**	**16.7%**	**8**	**2**	**25.0%**
Total	**1,596**	**1,437**	**90.0%**	**2,604**	**2,139**	**82.1%**

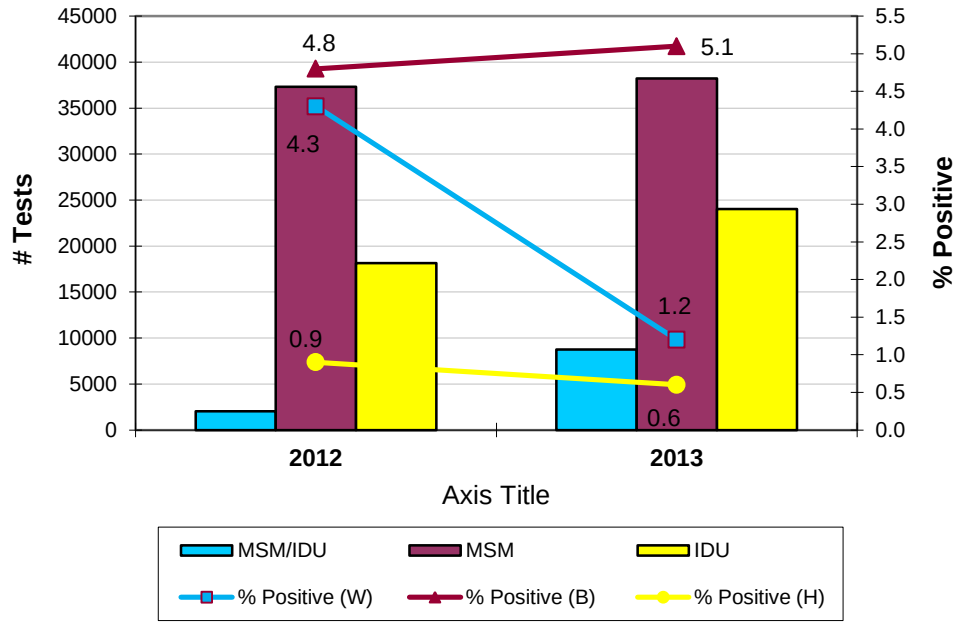
Table 5. HIV-Positive Tests Linked to Care by Self-Disclosed Prior Test Results, Sex, Age, Race/Ethnicity, and Risk Factors, Florida, 2013 (*continued*)						
	# Previous Positive	# Linked to Care (Previous Positives)	(%)	# New Positive	# Linked to Care (New Positives)	(%)
Race/Ethnicity						
White	**374**	**353**	**94.4%**	**438**	**363**	**82.9%**
Black	**723**	**630**	**87.1%**	**1,466**	**1,183**	**80.7%**
Hispanic	**446**	**404**	**90.6%**	**611**	**519**	**84.9%**
Other/Missing	**53**	**50**	**94.3%**	**89**	**74**	**83.1%**
Total	**1,596**	**1,437**	**90.0%**	**2,604**	**2,139**	**82.1%**
Risk						
MSM/IDU and MSM	**722**	**659**	**91.3%**	**1,316**	**1,096**	**83.3%**
IDU	**71**	**59**	**83.1%**	**86**	**67**	**77.9%**
Partner at risk	**324**	**277**	**85.5%**	**230**	**193**	**83.9%**
Perinatal	**1**	**1**	**100.0%**	**3**	**3**	**100%**
STD diagnosis	**109**	**94**	**86.2%**	**210**	**172**	**81.9%**
Sex for drugs/$	**13**	**11**	**84.6%**	**31**	**25**	**80.6%**
Other	**15**	**15**	**100.0%**	**20**	**13**	**65.0%**
Sexual assault	**6**	**6**	**100.0%**	**7**	**5**	**71.4%**
Heterosexual	**249**	**232**	**93.2%**	**595**	**471**	**79.2%**
No identifiable risk	**17**	**17**	**100.0%**	**20**	**18**	**90.0%**
Missing/Refused	**69**	**66**	**95.7%**	**86**	**76**	**88.4%**
Total	**1,596**	**1,437**	**90.0%**	**2,604**	**2,139**	**82.1%**

High-Impact Prevention

To advance the National HIV/AIDS Strategy, CDC and its partners are currently pursuing a HIP approach. This approach is designed to maximize the impact of prevention efforts for all Americans at risk for HIV infection, including gay and bisexual men, communities of color, women, injection drug users and transgendered persons. Twenty-eight CBOs were funded under the high-impact prevention request for applications to provide four core services: HIV testing and linkage; comprehensive prevention with positives; condom distribution; and outreach. The premise of HIP is that by using combinations of scientifically proven, cost-effective and scalable interventions targeted to priority populations in targeted areas, HIV prevention will be more impactful and will be more effective in reducing new HIV infections. To maximize reductions in new HIV infections, prevention strategies need to be combined in the smartest and most efficient ways possible for the populations and areas most affected by the epidemic.

HIP resulted in substantial increases in numbers tested among MSM/IDU and IDU risk categories. The greatest increase in testing among MSM was in the risk category of MSM/IDU. The overall number of MSM and IDU increased 331.0 percent from 2,029 in 2012 to 8,744 in 2013. The number tested among IDU increased 32.0 percent (5,897) from 2012 to 2013. The positivity rate among IDU decreased from 0.9 percent in 2012 to 0.6 percent in 2013. The largest increase in positivity was in the MSM risk category from 4.8 percent in 2012 to 5.1 percent in 2013. While the number of MSM tested remained relatively stable, the number of positives increased by 8.0 percent (143), which is indicative of a successful shift to HIP. The sharp decrease in positivity rate among MSM/IDU is reflective of the small numbers tested and the decrease in positivity rate among IDU.

Figure 23. HIP Influence: Number of HIV Tests and Positivity Rates for Select Risk Categories, Florida, 2012-2013



Future counseling and testing updates will highlight additional statewide successes resulting from high-impact prevention.

Acknowledgements

The HIV/AIDS Section would like to acknowledge the dedication and commitment of the many individuals who have worked hard over the past year to make Florida's public HIV counseling, testing and linkage system one of the best in the nation.

Although too numerous to list, these individuals include:

- CHD administrators, HIV/AIDS Program Coordinators, nursing directors and the many health department staff who perform HIV counseling, testing and linkage services and oversee those programs;
- STD staff who have the difficult job of notifying the newly infected and conducting partner services;
- Numerous trainers who ensure that future counselors are prepared;
- Our prevention and training consultants and outreach workers who educate and inform;
- Our colleagues in the state laboratories, without whom we would not have a testing program;
- Our partners in community agencies, faith-based organizations and correctional facilities who reach out to those we cannot reach;
- Staff within the section who work tirelessly on this program; and finally
- Early Intervention Consultants, those front line staff who have worked so diligently to ensure the success of CTL in Florida.

We look forward to our continued collaborations as we strive to ensure that all Floridians have the opportunity to learn their HIV status and take steps to protect themselves.

For additional information regarding this report, please contact the Prevention Program of the HIV/AIDS Section at (850) 245-4336, or visit our website at www.floridaaids.org.

APPENDIX

Appendix Table 1, Cover Map
HIV Seropositivity Rates by County, Florida, 2013*

County	Total	Negative	Positive	% Positive
NASSAU	526	487	38	7.2%
HILLSBOROUGH	17264	16989	264	1.5%
OSCEOLA	3939	3881	58	1.5%
MIAMI-DADE	95342	93819	1360	1.4%
UNION	153	151	2	1.3%
HERNANDO	795	784	10	1.3%
ORANGE	31174	30748	391	1.3%
LEON	8344	8243	96	1.2%
JACKSON	457	452	5	1.1%
MARION	4797	4750	46	1.0%
DUVAL	28425	28130	266	0.9%
PINELLAS	18597	18414	171	0.9%
HENDRY	668	662	6	0.9%
GULF	223	221	2	0.9%
VOLUSIA	5776	5715	51	0.9%
BROWARD	70870	70168	612	0.9%
PUTNAM	957	948	8	0.8%
LEE	8647	8572	72	0.8%
GADSDEN	1998	1982	16	0.8%
POLK	9916	9833	79	0.8%
BAY	2625	2604	20	0.8%
PALM BEACH	34044	33778	248	0.7%
MADISON	288	286	2	0.7%
LAKE	2379	2363	16	0.7%
ESCAMBIA	8404	8346	56	0.7%
COLUMBIA	491	488	3	0.6%
MANATEE	7350	7305	44	0.6%
HOLMES	335	333	2	0.6%
SUMTER	853	848	5	0.6%
MARTIN	882	877	5	0.6%
CALHOUN	184	183	1	0.5%
ST LUCIE	8127	8079	44	0.5%
MONROE	1731	1722	9	0.5%
SUWANNEE	592	589	3	0.5%

Appendix Table 1, Cover Map
HIV Seropositivity Rates by County, Florida, 2013*

County	Total	Negative	Positive	% Positive
CHARLOTTE	792	788	4	0.5%
COLLIER	3901	3881	19	0.5%
HIGHLANDS	619	616	3	0.5%
OKALOOSA	3008	2993	14	0.5%
LEVY	646	643	3	0.5%
SARASOTA	6356	6322	29	0.5%
ALACHUA	7170	7134	32	0.4%
SEMINOLE	3906	3888	17	0.4%
CLAY	540	538	2	0.4%
BREVARD	8576	8544	31	0.4%
BRADFORD	278	277	1	0.4%
INDIAN RIVER	2692	2683	9	0.3%
PASCO	3025	3015	10	0.3%
CITRUS	1544	1538	5	0.3%
ST JOHNS	711	709	2	0.3%
SANTA ROSA	759	757	2	0.3%
DIXIE	388	387	1	0.3%
BAKER	449	448	1	0.2%
OKEECHOBEE	527	526	1	0.2%
FLAGLER	1073	1071	2	0.2%
DESOTO	634	633	1	0.2%
FRANKLIN	242	242		0.0%
GILCHRIST	169	169		0.0%
GLADES	88	88		0.0%
HAMILTON	226	226		0.0%
HARDEE	560	560		0.0%
JEFFERSON	149	149		0.0%
LAFAYETTE	62	62		0.0%
LIBERTY	174	174		0.0%
TAYLOR	247	247		0.0%
UNKNOWN	172	172		0.0%
WAKULLA	151	151		0.0%
WALTON	993	993		0.0%
WASHINGTON	313	313		0.0%

*Indeterminate test results and unconfirmed reactive rapid tests are not shown, but are included in the total tested.

Appendix Table 2, Figure 5 HIV Seropositivity Rates for New Positives by County, Florida, 2013*				
County	**Total**	**Negative**	**Positive**	**% Positive**
NASSAU	526	487	5	0.95%
LEON	8344	8243	76	0.91%
HILLSBOROUGH	17264	16989	147	0.85%
ORANGE	31174	30748	260	0.83%
MIAMI-DADE	95342	93819	785	0.82%
HERNANDO	795	784	6	0.75%
DUVAL	28425	28130	207	0.73%
BAY	2625	2604	19	0.72%
MADISON	288	286	2	0.69%
UNION	153	151	1	0.65%
PUTNAM	957	948	6	0.63%
HOLMES	335	333	2	0.60%
BROWARD	70870	70168	412	0.58%
PINELLAS	18597	18414	108	0.58%
MARION	4797	4750	27	0.56%
LAKE	2379	2363	13	0.55%
OSCEOLA	3939	3881	20	0.51%
CHARLOTTE	792	788	4	0.51%
SUMTER	853	848	4	0.47%
ST LUCIE	8127	8079	38	0.47%
VOLUSIA	5776	5715	27	0.47%
LEE	8647	8572	40	0.46%
PALM BEACH	34044	33778	157	0.46%
MARTIN	882	877	4	0.45%
ESCAMBIA	8404	8346	37	0.44%
POLK	9916	9833	42	0.42%
COLUMBIA	491	488	2	0.41%
COLLIER	3901	3881	15	0.38%
BRADFORD	278	277	1	0.36%
SUWANNEE	592	589	2	0.34%
SARASOTA	6356	6322	21	0.33%
LEVY	646	643	2	0.31%
HENDRY	668	662	2	0.30%
MANATEE	7350	7305	22	0.30%

Appendix Table 2, Figure 5 HIV Seropositivity Rates for New Positives by County, Florida, 2013*				
County	**Total**	**Negative**	**Positive**	**% Positive**
MONROE	1731	1722	5	0.29%
SEMINOLE	3906	3888	11	0.28%
ALACHUA	7170	7134	19	0.26%
SANTA ROSA	759	757	2	0.26%
DIXIE	388	387	1	0.26%
GADSDEN	1998	1982	5	0.25%
BREVARD	8576	8544	21	0.24%
BAKER	449	448	1	0.22%
JACKSON	457	452	1	0.22%
OKALOOSA	3008	2993	6	0.20%
OKEECHOBEE	527	526	1	0.19%
INDIAN RIVER	2692	2683	5	0.19%
CLAY	540	538	1	0.19%
HIGHLANDS	619	616	1	0.16%
DESOTO	634	633	1	0.16%
ST JOHNS	711	709	1	0.14%
CITRUS	1544	1538	2	0.13%
PASCO	3025	3015	3	0.10%
FLAGLER	1073	1071	1	0.09%
CALHOUN	184	183		0.00%
FRANKLIN	242	242		0.00%
GILCHRIST	169	169		0.00%
GLADES	88	88		0.00%
GULF	223	221		0.00%
HAMILTON	226	226		0.00%
HARDEE	560	560		0.00%
JEFFERSON	149	149		0.00%
LAFAYETTE	62	62		0.00%
LIBERTY	174	174		0.00%
TAYLOR	247	247		0.00%
UNKNOWN	172	172		0.00%
WAKULLA	151	151		0.00%
WALTON	993	993		0.00%
WASHINGTON	313	313		0.00%

*Indeterminate test results and unconfirmed reactive rapid tests are not shown, but are included in the total tested.

Appendix Table 3 (from Figure 8) HIV Seropositivity by Sex and Race/Ethnicity, Florida, 2002 - 2013												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
White Male	2.50	2.60	2.50	2.10	2.60	1.81	1.90	1.80	1.46	1.50	1.32	1.21
Black Male	4.80	4.50	4.00	3.60	3.70	2.88	2.74	2.37	2.07	1.90	1.77	1.67
Hispanic Male	3.60	3.80	3.50	3.00	3.00	2.75	2.50	2.25	1.86	2.00	1.80	1.82
White Female	0.50	0.50	0.50	0.50	0.40	0.42	0.40	0.37	0.26	0.30	0.28	0.26
Black Female	2.90	2.50	2.10	2.00	1.80	1.57	1.40	1.16	0.88	0.80	0.69	0.72
Hispanic Female	0.60	0.60	0.50	0.50	0.40	0.44	0.40	0.32	0.27	0.30	0.26	0.26

Appendix Table 4a (from Figure 9c) Number of HIV Tests by Age Group, Florida, 2006 - 2013						
	<13	**13-19**	**20-29**	**30-39**	**40-49**	**50+**
2006	716	56,337	124,346	56,727	36,609	19,426
2007	668	62,015	138,870	62,224	41,024	22,961
2008	671	66,928	156,503	70,510	47,129	28,830
2009	586	67,396	166,565	75,524	49,517	33,450
2010	553	64,008	176,506	80,315	51,283	35,654
2011	459	57,543	179,633	85,844	54,289	40,494
2012	311	45,922	166,230	83,938	51,467	41,723
2013	421	44,727	179,755	96,187	56,615	48,434

Appendix Table 4b (from Figure 9c) HIV Seropositivity Rates by Age Group, Florida, 2006 - 2013						
	<13	**13-19**	**20-29**	**30-39**	**40-49**	**50+**
2006	2.0	0.3	0.9	2.4	4.1	3.3
2007	1.6	0.3	0.8	2.2	3.9	3.0
2008	2.1	0.3	0.8	2	3.5	3.1
2009	1.2	0.3	0.8	1.7	3.0	2.5
2010	0.2	0.3	0.8	1.3	2.4	2.3
2011	0.0	0.3	0.7	1.2	2.2	2.1
2012	0.0	0.3	0.7	1.1	1.9	1.7
2013	0.2	0.3	0.7	1	1.7	1.7

Appendix Table 5 (from Figure 17) HIV Seropositivity Among Select Risk Exposure Groups by Sex and Race/Ethnicity, Florida, 2013			
	MSM/IDU	**MSM**	**IDU**
White Male	1.5%	3.3%	0.2%
Black Male	1.2%	7.9%	3.0%
Hispanic Male	1.0%	5.2%	1.7%
White Female	n/a	n/a	0.4%
Black Female	n/a	n/a	0.8%
Hispanic Female	n/a	n/a	0.9%
% Positive for Risk Group	1.2%	5.1%	0.6%